MINNESOTA MEDICINE

Journal of the Minnesota State Medical Association, Southern Minnesota Medical Association, Northern Minnesota Medical Association and Minneapolis Surgical Society.

Vol. IX OCTOBER, 1926 No. 10

THE DEGENERATIVE DISEASES AND PERIODIC HEALTH EXAMINATIONS*

CHARLES P. EMERSON, M.D.
Indianapolis

To many the term "degenerative diseases" implies arteriosclerosis and its results, while periodic examination of the apparently healthy means periodic cursory examinations of their anatomy, analogous in many ways to the regular overhaulings to which they subject their automobiles. To the public also this campaign by the American Medical Association in favor of periodic examinations would seem, tacitly at least, to promise that by such measures we may hope to lengthen a span of life to even 150 years, as one recent writer expressed it. Would that the questions we now are considering were as easy as this. Unfortunately the degenerative diseases are not merely sclerosis of the myocardium, kidneys, arterial walls, etc.; unfortunately also these diseases cannot be ascribed solely to bad tonsils, bad teeth and infected nasal sinuses; unfortunately periodic examinations to be of value must take into account far more than a person's blood pressure the sounds of his heart and the condition of his secretions; and still more unfortunately we have as yet no grounds for believing that we can offer our patients more than three score years and ten or perchance four score years. What this movement does promise, however, and this is most important, is that we can help a much larger percentage of the babies born to reach four score of years and to reach it with health normal for each successive decade and not as crippled invalids. In other words we cannot confidently assert that the reason men die at eighty is because of degenerative diseases: but we have reason to assert that the reason many do not reach eighty is because of degenerative diseases and that the reason so many who do reach eighty have little pleasure in life also is because of these same diseases. Whether or not to increase the percentage of babies who will live four score years will of itself increase the number of those who will reach ninety, only time can tell. The evidence in favor of it, however, is now not very promising, as we shall see later. One thing is definite—our profession has no more moral right to sell the public sky blue securities in that realm of hope than bankers have to sell them financial paper resting on an equally inadequate basis of fact. The present campaign is splendid in its conception and worthy of the enthusiastic support of our profession but before undertaking it we should face frankly the many and great difficulties which it presents, otherwise we may not only fail, but discredit the movement and ourselves its sponsers in the eyes of the public, the beneficiaries of this campaign. Health unfortunately can seldom be gained at the price of a few local operations; diseases are the resultants of many and very diverse factors; and the degenerative diseases are perhaps the most complex problems which our profession is called upon to treat.

The diseases of childhood are for the most part acute infections of short duration, usually stormy in character, with very definite characteristics, and which, if survived, seem usually to lead to perfect recovery. The degenerative diseases of middle life, on the other hand, creep on insidiously, often make their presence known to the patient only after years of silent progress, and, once started, seem to progress steadily for few or many years, crippling their victims more and more, and finally, unless forestalled by some more acute illness or by an accident, determining his death. What these diseases really are is not an easy question to answer. The patient knows them chiefly because of the weaknesses they produce, and what we physicians usually demonstrate is not the disease itself but evidences of

*Read before the annual meeting of the Minnesota State Medical Association, Saint Paul, May 17 to 19, 1926.

its healing; for the placques which harden the arterial walls, the sclerosis of kidney, liver, and heart, are only nature's beneficial attempts to repair damage. What are these slow silent aggressive lesions which so insidiously creep on? When do they start and why? Can we by periodic routine examinations detect them early in persons who believe themselves quite well? Grant that we do detect them early, can we then stop them? That is the subject of this paper.

In southern Indiana is a point of interest to tourists, the Lost River, a fairly large stream which at one spot wells out of the ground. Its source is not visible, and yet we know that for miles around various smaller streams flowing under the ground are uniting finally to emerge as this river. So it is throughout life, many a physical defect, many an illness which seems suddenly to interrupt a period of perfect health, are simply lost rivers, the sources of which are back in childhood, back even in prenatal life. The child may seem to recover entirely from its acute illness but only too often a latent infection is left behind, and this later, like Lost River, wells up in the midst of a period of apparently good health. These latent infections cannot be harmless. They must injure. Some seem to favor the persistence of a juvenile habitus. Some influence in some degree the development of, or the future functional power of, our internal organs. Some determine in some degree the individual's future susceptibility to disease and his resistance to injuries both physical and mental, while some explain the chronic diseases of heart, lungs, kidneys and joints which cripple the individual when he needs his best strength. It would seem proven that the younger the child the more serious the effects of these latent diseases. This is especially true of those disturbances which succeed in crossing the placenta barrier from mother to the unborn child, and of the acute infections of infancy. It is these which explain probably not a few of those mental and physical defects which first become evident later, and which usually are labelled by eugenists as "congenital" or "inherited." It is claimed with good reason that if we can protect the child during the first ten years of his life from the so-called diseases of childhood and their complications that we shall have forestalled the majority of the diseases of young adult life; that is, that the diseases of the young adult are in large measure lost rivers whose sources were in early childhood, and the majority of them preventable. A good illustration of this is tuberculosis, a disease which in the majority of cases takes up its abode in the child's body before he is ten years of age but which may give no clear hint of its presence until ten years later. We can hardly doubt however that during this second decade the rapidity of the child's growth, his general robustness, his resistance to other diseases and even his general mental attitude toward play, study, yes even toward religion, are in some degree influenced by this latent tuberculosis. Again, there is good reason for the belief that if we can protect the child during the first ten years of his age from any injury to his kidneys, that we shall have insured until middle age his kidneys against all but the most serious troubles; and the same is in some measure true of various diseases of the heart, joints, and other organs, that they could not have developed in young adult life if they had not started in early childhood. There is good reason, therefore, for the belief that periodic health examinations should be of the child rather than of the adult.

After a person reaches middle life, however, another set of diseases seems to make its appearance; some acute, others more chronic; and yet the majority of these so-called diseases are not diseases but are symptoms which reveal the weakness of injured organs. They may be likened to the limping of an organ so injured that if urged too far it may fail altogether. The silent inflammations which have crippled these organs may, for years, have smouldered on slowly destroying important tissue, while nature has industriously been at work building walls of scar tissue to strengthen weakened spots and to replace the wasted place. During these years, until the limp begins, the patient may be quite unconscious of his progressing injury; and yet it is inconceivable that his general attitude toward life should not have been determined in part at least by weaknesses of which he still is not clearly conscious.

In considering these diseases of long duration we would emphasize certain general truths; first, that although they may continue for ten, fifteen or twenty years, yet they are not due to causes which started them ten, fifteen or twenty years ago. The very fact that they have continued is adequate proof that a cause also has continued

and this today may be amenable to treatment. Human protoplasm has a remarkable resiliency and always tends toward the normal. For a disease to continue means that the cause also continues. Remove this cause, the present load, usually a focal infection, and the patient usually shows some improvement. To control these diseases of heart, lungs, kidneys, joints, etc. it is our custom to remove tonsils, pull teeth, drain nasal sinuses, remove gallbladders, cut out the appendix, perform various operations on the pelvis of both sexes, and, if these measures fail we mention constipation and a resulting intestinal autointoxication. Certainly we have good reason for these operations. The discovery of any latent infection is sufficient justification for periodic routine examinations. We should indeed operate more often than we do. A tonsil buried beneath adherent pillars may not have caused a sore throat for years and yet harbor serious infection. A devitalized tooth root bearing an artistic crown is not harmless since painless. The nasal sinuses may be infected even though the nose on inspection looks quite normal. Not nearly enough attention has been paid to the danger of infected tracheobronchial lymph glands and of chronically infected gallbladders which may give no local symptoms but which perhaps are more important in the causation of degenerative diseases than are the so often associated appendix lesions. These and other infections of long standing may be revealed by routine examinations and should be relieved, but to identify them with the degenerative diseases we now are studying is perhaps stressing too much the importance of an immediate cause and overlooking much more important lesions, lesions which like plow and harrow break up the ground so that germs otherwise impotent can take root. These plows and harrows of disease culture are the children's diseases already mentioned; latent lues; latent tuberculosis, etc.; for degenerative diseases are due in part to a primary infection, in part to a sequela which may persist for years (in tonsils, nasal sinus, gallbladders, etc.) and in part to the patient's whole makeup, emotional as well as physical.

The second point is this: that while the infant does enjoy an expectancy of life approximately fifteen years longer than did the infant of twenty-five years ago, yet to help the man of forty to increase his expectancy, preventive medicine, splendid though its results have been, must struggle against tremendous odds. Many of those who have no interest in modern medicine believe that this general improvement in health, for which we doctors claim the credit, is only one element of a general uplift of social conditions due to improvements, which includes the automobile, telephone, etc. This is far from the truth. While the so-called improvements of modern life have made life pleasanter and easier, yet they certainly also have tended definitely to shorten life, and the fact that the life expectancy of adults has not been definitely shortened (and some say it has been) is due to accurate research medicine and to this alone. For illustration, we count the advances in engineering which have led to city water supplies and other public utilities as great advances in civilization, but at first city water systems killed thousands by typhoid and other water borne infections, until medical men as bacteriologists devised practical methods of so sterilizing the water that it was safe and still potable. We easily remember when practically all food production was a local matter. Now, our morning's milk is gathered from hundreds of miles distant and our meats, vegetables, and fruits, from the end of the world. Without medical research the problems of food transportation, food refrigeration, food storage, and food distribution, could never have developed, and the modern city would have been impossible. Modern rapid transit has so increased the hazards on sea, on rail, on rubber tires, and also on foot, that it cannot be accused of lengthening life. A generation ago the majority of persons stayed at home in winter and during the winter kept early hours each night; they had nowhere to go, either for the season or for the evening. They, therefore, were well rested. But now, thanks to our ease of transportation, to our systems of modern lighting and of modern heating, we can make winter summer, and night day. Again, the opportunities for luxury in the business and social worlds have immensely increased the struggles of our life, but as yet no genius has invented a new model of nervous system which can develop power commensurate with the opportunities we have to spend it. Our foods now are purified to the point of danger, and our automobiles have made necessary exercise difficult, and on these depend

in great degree the greatly increased incidence of appendix and gallbladder troubles, so great that notwithstanding the splendid achievement of modern surgery, death from appendicitis is increasing steadily. Also, the acute respiratory diseases, complex though their etiology may be, yet increase in incidence and severity with the increasing density of population, and increased density of population is one of modern civilization's most marked characteristics. Notwithstanding this, however, the spread of a little knowledge concerning tuberculosis, all of it based on very accurate medical research work, has made our cities relatively safe against the inroads of tuberculosis. In short, we challenge our critics to point out one single detail in modern civilization which has tended to lengthen life. The fact is that apart from the contributions of medical science all tend to shorten it.

Third. Another element in the production of the degenerative diseases, often lost sight of in such discussion, is that we have industriously disturbed the balances in nature. Of course we have, and we intend to still more, but we should be ready to make the proper compensatory changes. For illustration, it is more than likely that the elimination of malaria has increased the late results of lues including general paresis. It is hard for us to remember that man arose in a world already occupied by bacteria, and has been able to survive by coming to biological balances with his environment, and these we cannot safely disturb. I wonder if we know what we mean when we talk in a blatant way of "eliminating diseases." Is this at all desirable? Has not our lease to live on this planet been the result of struggles which have given us the ability to survive against odds? What, for illustration, would be the result if, at the beginning of the football season, the coaches of the University of Minnesota were to instruct the football squads to be very careful not to get hurt, to avoid all practical games, indeed to stay away from the football field until the day of the great game against Wisconsin. Would that team win? No, it is by training and by practice games that an eleven gets into condition to win; and the more the victories and the fewer the accidents, evidence of the excellence of the coaching, so much stronger the team. So it is in life. We win fitness to live by conquering in many minor diseases, and so we acquire the ability to survive the harder ones. Of the majority of these victories we may be almost or quite unconscious and yet we gain biological strength through them. Introduce into a new race a disease new to them or which their ancestors have not experienced for generations, as measles in the South Sea islands, malaria in America, and tuberculosis in Africa, and these develops as epidemics with high mortality. Also you may remember Dr. Vaughn's studies of typhoid fever during the Spanish-American War, which showed clearly that the well and physically strong boys suffered much more severely, that is, were in this particular biologically weaker than those previously on the sick-list. And certainly you all know the fear for a very strong man who contracts pneumonia.

No, the slogan "to eliminate disease" is quite misleading. We must have our practice games to keep ourselves biologically fit. We should not, however, willingly enter too young children into these practice games of life, except by vaccination whenever possible, for vaccination is merely a practice game so staged that one gets a maximum of immunity, that is, of biological strength, with a minimum of danger. Those beyond fourteen years of life are much safer fighters. Of course, this opens up a very serious question relative to our public school system. We crowd into our buildings several hundred or even thousand children of different races, social groups, and families, and into one room scores whose ages seldom differ more than a few months. Do we protect them enough? Could any arrangement be more favorable for the spread of contagious diseases? For children over twelve years old this might be safe, but not for those under ten, unless medical inspection be much better organized than now. Many think that we are much like the soldier who, if he gets in the path of a bullet, gets hit and suffers an injury which depends more on the nature and speed of the bullet than on him. On the contrary, we are more like the duellist who selects his opponent and the date of the fray, gives up all other engagements on that date, and fights it out to win or to lose. So we do not get sick just because we happen to be exposed to a disease; the chances are that we are often exposed to it before we contract it. Nor if we do contract the disease is its severity due especially to the virulence of the germ; it depends far more on our susceptibility and to our resistance against that germ. What happens is

that when we are biologically ready and the germ is convenient we stage the fight, interestingly enough often clearing up for the time being minor ailments previously in the arena, and we fight this battle to a finish.

Fourth, it is not entirely theory that in the production of resistance to, or susceptibility to, disease our emotional life is important. It certainly is important in determining the degree of our reactions. In the production of high blood pressure, certainly, of diabetes of both varieties, and of certain disturbances of the thyroid gland our emotions may play a major and a primary role. In the production of the degenerative diseases the emotional states certainly are no small factor in determining the grade which these lesions may attain.

Our attack on the degenerative diseases is by definite reform of the individuals of today and by the education of the citizens of tomorrow. Of course, it may be ridiculously easy to tell a man just how he should live in order to get perfect health, but we should not expect too much from this. The citizen of today, no matter how much he may desire to please us, feels constrained to live up to the standards of the group in which he lives and works and places his physician in somewhat the same position as a certain prominent lawyer who was accused of using his talents, not in teaching his clients how to obey the law, but in showing them how to continue to break the laws and yet avoid punishment. So our patient asks us not how may he keep or gain good health but how may he continue to carry his load in life with as little injury as possible. By education, however, we do gradually and unconsciously modify the habits of a rising generation more than we realize. We seldom will get the credit; we sow the seed and each one reaps a harvest, assuming that he always had believed just what he then believes, and that any one with common sense would believe the same. I remember so well an address delivered in 1901 befor a Club composed of educated women. The subject was tuberculosis, the open-air life, etc. At the conclusion the president sarcastically assured the speaker that while doubtless all of his audience enjoyed his address, yet that she was sure that every woman present had common sense enough to know that night air is poisonous and that the windows should be closed tightly each night. Now, largely the results of the campaign against tuberculosis, sleeping porches are quite the fad and the outdoor life is popular. Of course, very few give the medical profession any credit for that revolutionary change in our habits; each one accepts it as a matter of course, as a self-evident truth. Not long ago we read with interest the Journal of a society organized in hostility to our profession and were pleased to note how heartily one writer approved of certain rules of hygiene gained originally as the result of medical research. If we doctors continue to talk about better ways of living, more regular and simpler habits, we may be confident that the next generation will accept as axiomatic, as common sense, that which the present generation, now so deeply under the hypnotic spell of this age of inventions, frankly disregards.

Can we then, by the periodic examination of the healthy, save many from the inroads of these degenerative diseases, and if so, of what nature should these be? First, we must admit that these examinations will not help the man we examine as much as it will indirectly help the man of tomorrow. Second, the examination we make certainly should help the man, and yet we should not allow our decisions of today to convey to him any assurance of tomorrow, if he already has a degenerative disease, for sudden unexpected death will overtake enough of our patients to shake the faith of others. Third, a cursory examination of a few physical functions similar to the examinations usually made by life insurance examiners, will prove very unsatisfactory and would, we fear, bring the whole movement into disrepute. Our examination, to be of value, should include a study of the man's family history, a careful study of his habits, and especially of his emotional life; the tension under which he works, his habit of worry, his ability to play during a vacation; least of all the actual present condition of his vital organs. Some laboratory work may be necessary, but not much; some features of the examination could be turned over to associates, but not much. Such an examination takes an hour and a half (although the later examinations of this patient by the same doctor would of course be briefer), or as much time as three appendectomies or six tonsillec-

tomies. Who will be willing to make them? Will healthy persons be willing to pay a fee commensurate with the time? Is there not danger that the periodicity of the examination will tend to make it too mechanical? What we really need is a more constant and close association between the examiner and his patient. Why should a great organization like the American Medical Association need by propaganda to encourage such examinations? No propaganda has ever been necessary to interest the profession in any new operation which promised much less benefit to the community than do these examinations. Why at a recent meeting called by officials of the American Medical Association were we, the invited guests, informed that the examination of well individuals is totally different from examination of the sick; that the medical schools should offer special courses in this field; and that possibly it might be necessary to train a separate staff of health officials to render this service. Two points are evident: that physicians do not depend much on physical examinations when making diagnoses; and second, that our profession does not take much pleasure in rendering this service. Personally I feel that some responsibility does rest with the medical schools, but am confident that the lack of interest in this subject on the part of our graduates is a necessary, although unavoidable and transitory, phase of a splendid reform in American medical education. I refer to the fact that in our curriculm we stress the biological side of medicine far more than the personal.

But there is need of caution. The epoch-making discoveries of one generation impose on the next generation the responsibility of the practical applications of truths not well understood. There is therefore always danger that in our enthusiasm we may arouse hopes among the laity the realization of which is as yet impossible. If therefore there ever was a period when physicians should be conservative it is now, lest we spoil in advance a movement which means great happiness to future patients.

BEFSAL

Befsal is marketed under absurd and ludicrous claims. The claimed chemical composition of the product and the product itself both may be described as "crude." (Jour. A. M. A., Aug. 21, 1926, p. 608.)

FADS AND QUACKERY*

MORRIS FISHBEIN, M.D.
Editor, Journal American Medical Association.
Chicago

After the beautiful vaudeville which you have just had, beginning with the wonderful symphony on the work of the press, by Mr. Galt, with which I may say we are all beautifully attuned, agreeing with him far more than we disagree with him; following next with the lovely drama entitled "From Nine Months Before Birth to the Age of Eighty," presented by Dr. Emerson; passing then to the living pictures, we come to a performance which will be perhaps in the nature of a Tony Sarg presentation of marionettes, perhaps in the nature of acrobatic feats, possibly merely a puppet show.

Of all the nations in the world the United States is most afflicted with healers. I say "afflicted" because the term refers in a manner to "an illness," and our healers are perhaps a sort of illness of the country. An osteopath, for instance, was describing chiropractic. He said, "Chiropractic is a cancer growing out of osteopathy."

Quackery is not peculiar to medicine. A charlatan is a charlatan regardless of the profession in which he happens to work. There are charlatans in the newspaper business who are known by a certain chromatic designation—yellow, I believe. There are charlatans in the ministry of all creeds who secure their devoted followers by acrobatic performances, leaping upward and shouting to God and then shouting through the floor of the platform. There are charlatans also in the law, who tell their clients how to stay just outside of jail. There are charlatans within medicine and even within organized medicine. The great task of organized medicine today is not the combating of the peculiar fallacies of unusual cults which seize upon one, two or three million people. Our great task—one which we assume definitely, one which we do not disclaim in any manner—is the weeding out from among our own ranks of those men who operate within the law. A charlatan outside of jail or inside of organized medicine is a much more dangerous man than one inside of jail or outside of organ-

*Read before Medical Economics Meeting of the Minnesota State Medical Association, St. Paul, May 17, 1926.

ized medicine. Our first task and our great task is to rid ourselves of our own charlatans and to bring up the standard of medical practice to the highest possible point, until every man within the profession is trustworthy and competent.

The Cultist and Sectarian: A cultist, or a sectarian in healing, is one who, without regard to the established facts of science, departs on some single dogma, some single belief as to the causation and healing of disease, and promotes that belief with all of the enthusiasm of a divinely inspired fanatic, probably for monetary gain. Contrast with that the scientific physician who has had an education second to none: high school education, university education, four years of medical education and hospital internship, possibly adding two or three years of postgraduate study and fellowship study in an attempt to acquire a knowledge of modern medicine. For modern medicine today is a science based on all of the fundamental sciences, embracing everything that can be taken from chemistry, from physics, from biology, from zoology, from psychology, from sociology, from every one of these deep and abstract studies that have been torn by man from the mysterious and brought into the open. Everything from all of these sciences that can be applied in any way to the diagnosis or healing of human disease must be a part of the armamentarium of the modern physician. Contrast that course of study and the attempt to acquire this actual knowledge with the single elements in sectarian medicine, the idea that all disease is caused by some single conformation, some single sign or error of belief; that all disease can be cured by reversing the process. Couple with this the information that the schools of some cults spend two hours of study each day in modern salesmanship and advertising. Where does the advantage lie in disposing of the goods?

The cults sneer constantly about the "germ theory." This is a term that must be discarded by every man who makes any pretension whatever to intelligence above that of a moron. The term "germ theory" is absolutely false in itself, because an organism that is living and that multiplies within the human body always producing the same disease can hardly be called a theory. Among the first methods to be used in disabusing people of the idea that the germ is a theory is to let them know the manner in which the germ actually does bring about its effects.

A Cultist Dictionary: Not long ago I began work on a cultist dictionary. Beginning with the letter "A," I began carefully to search the telephone books and directories, the advertisements, and every other possible source that was available to find out exactly how many queer and assorted cults there were in this great land. I picked this country particularly because many foreign countries rather limit themselves in cults. Somehow, they lack the versatile imagination that comes with freedom and open prairies.

My first list embraced hundreds of cults of different varieties, whose methods are practiced not only on an unsuspecting public, but on a very credulous public, a public that is anxious to believe anything that it cannot understand. After all, when one thinks of the radio and the waves coming through the air, one can believe almost anything!

After I had selected a list of some one hundred and thirty-seven cults, I began to narrow the classifications, because I saw it was quite impossible ever to get a complete list. I decided to list them according to variety: the electric cults, the manipulative cults, the faith healing cults, the mental healing cults, the cults of adjustment, the water healing cults, the nature curists, and so on. The varieties are almost unlimited, because practically everything that anybody can do to anybody has been tried by some cultist for healing disease.

Consider the remarkable ingenuity of the man who can find a new one today. Actually he doesn't find a new one any more; he merely combines a few old ones. For instance, chiropractic is not, after all, a new conception. It is a hybrid between magnetic healing and osteopathy, because the real father of chiropractic, if one can call a man like that a father, was a man who had been a magnetic healer and then studied—if you can study it—osteopathy.

Naturally the first cult in a classification that begins with "A" and ends with "Z" was aerotherapy. I have no doubt that most of you never have heard of aerotherapy. Aero means air, and "aerotherapy" is hot air applied according to a definite system to heal all disease.

Then there is "autohemic therapy." It is the latest offspring of one L. D. Rogers of Chicago. L. D. Rogers is a glorious and uplifting soul who changes from cult to cult much as a mountain goat leaps from precipice to precipice. He has

been from time to time president of various associations of peculiar physicians. He has founded journals for the support of his assorted vagaries. In autohemic therapy, it is claimed, blood is taken from the arm, and the specimen subjected to some sort of manipulation; then something is put into the arm again. That is autohemic therapy; its slogan is "Without bugs or drugs." Anybody can understand that slogan, and L. D. Rogers knows that anybody can understand it; that is the reason he adopted it.

The science of "autology" was the discovery of a Chicago man named Moras, who conceived the idea of adapting the philosophy of life of Elbert Hubbard to the creation of a healing cult. Elbert Hubbard knew his people well. He knew how to attract them with all the flubdubbery of gingerbread that appeals to the average intellect. He knew how to reach the esthetic inclination that wants a leather book lying on the parlor table.

Moras established autology, the science of one's self. It emphasized purity; be pure in your thoughts, pure in what you eat and pure in what you drink. Elbert Hubbard was supposed to have written the motto that if a man makes a better mousetrap than his neighbor, the world will make a path to his door. In the case of Moras, it probably would be paraphrased: "If a man makes a better mousetrap than his neighbor he is likely to catch a great many mice." He caught his mice; then he developed delusions and was confined in the asylum.

I skip purposely over the late—but not too late—Albert Abrams, who conceived those magnificent electrical devices that put the blush of shame upon the brow of Goldberg, the eminent cartoonist. We all know the wonderful machines in which a block of ice drops on a spring board and makes a canary bird sing. The bird's breath blows out a light and starts a clipper going that cuts the hair. That was the type of device used by the eminent Abrams to snare the unwary. What a wise old man he was! He began properly in the science of medicine with a good degree from a good medical school; he knew sufficient medicine to qualify for a while as a teacher of pathology. He qualified, but the remuneration of teachers of pathology is not remarkable and never has been. Abrams was a man who appreciated remarkable remuneration. It was not long before he developed the science of spondylotherapy, consisting of rapping on the middle of the back until satisfied that something has happened. No doubt spondylotherapy was derived from osteopathy and chiropractic. Abrams formed the American Association of Spondylotherapists, and the American College of Spondylotherapy. The formation of self-constituted honorary colleges attracts men who want appendages after their names. That is one of the first signs of charlatans in all fields.

Albert Abrams brought the fish to his net. He brought them in by giving the idea that they were going to be the select few. He travelled about the country giving courses, but spondylotherapy wore out, because, after all, chiropractic is much more simple. Then Albert Abrams conceived electronic diagnosis, taking advantage of the fact that a little knowledge is a common thing. The science of physics was beginning to develop and people were beginning to read in newspapers about electrons. They read about these electric things, about the radio and about the waves passing through the air, and they began to think they knew about electricity. They knew just enough for a man like Abrams to fool them. The wires in the Abrams box never went anywhere; nothing happened except in the mind of the patient. Using the same system that made spondylotherapy remunerative, he developed a cult that was much more remunerative. What has happened to electronic diagnosis today? Outside of a few places in which an occasional practitioner bobs into the light, the entire number of practitioners of this peculiar cult, I am sure, today is only a few hundred in the whole United States. One of them, I have heard, has recently located in Minnesota and is so enterprising in his desire to aid humanity that he doesn't want his patients to be misled into other places. He sends his men out on trains to pick up persons seeking the Mayo Clinic. If Abrams had known about that he unquestionably would have made this man one of his heirs.

The modern cultist, who is a very shrewd individual, is far shrewder in self-promotion, perhaps, than the man who is trying to practice honest, scientific medicine. The latter is not ashamed to tell a patient sometimes that he does not exactly know what the cause of the illness may be. Abrams and his kind realized that the

patient always wants to know right away what the cause is and how soon he is going to be cured. And he also wants something done right away!

A new cult in California is autoscience. Autoscience consists of mental broadcasting, taught to the disciple who comes to the shrine of autoscience in San Francisco. The practitioner mentally broadcasts health to his patient. There is the terminology of radio, the newest thing. How long will it be before some other new discovery in science is used by some other charlatan in some entirely different manner?

In biodynamochromatic diagnosis, the patient sits facing east and colored lights are thrown upon him from the west. Then if the magnetic poles are correct for that day and for that particular hour of the day, something is wrong with him. That is approximately the basis of biodynamochromatic diagnosis. George Starr White is the prophet of biodynamochromatic diagnosis, and he has given great aid and comfort to the American Medical Liberty League. Recently that group of opponents to sound medical science has been going into each community where there is a campaign for pure milk, where there is a campaign for vaccination, where there is a campaign for anything that is sound and right in the science of public health, and distributing certain pamphlets written by this variegated color specialist, George Starr White. Strange that a man like that should have the name White. These pamphlets are distributed among farmers and among people who perhaps have not had educational advantages, to incite in them mad opposition against scientific procedures. Our only hope for overcoming that kind of propaganda is to use the best methods that modern practice offers for the education of the public. The press must aid and writers must be developed to write about scientific medicine in one-syllable words.

California particularly is the home of many of these cults, the stamping ground of cultism in America. This I lay to the fact that Irvin Cobb expressed better, perhaps, than any one else, when he said, "California is full of well-to-do artistocrats who have nothing to do but sit on the front porches of sanatoriums and listen to the hardening of their arteries." That is the type that particularly appeals to the charlatan. Possibly they really do not want to be healed; they want merely to be amused.

One of these cults was the chirothesians, not a combination of chiropody, chiropractic and the writing of a thesis, but merely a method of avoiding the medical practice laws.

Then there are the Christian philosophers, headed by Bishop Wilbert Casper. Before they went bankrupt there were placed definitely to their credit instances of deaths of mothers whom the practitioners had attempted to deliver of children with all of the weird necromancy and magic of the whirling dervish or a dancing Indian priest. When the bishop passed out of business financially, he left a moving picture called "The Kingdom of Human Hearts" as one of his assets, and he was being sued for $6,255 back salary by the actress who played the part of Faith. His other assets consisted of twelve collection boxes and twelve collection bottles—empty.

The Defensive Diet League of America was apparently founded on the idea that dentists are easier than doctors. Just why one should think that a group whose income depends on pulling teeth for its funds should be easier than doctors I do not know. Dentists were inspired, however with the belief that it was their special mission to tell people what to eat, and that the chief things they should eat were substances promoted by a dozen faddists. Lecturers went into various communities and secured places on the programs of women's clubs, where they preached the gospel of the diet league.

What is it that makes the cult successful, even for a while? In the beginning, medicine itself was not a science, but a system of faith healing. The priest was the physician, and he secured his results by inspiring in his people the belief that disease was a demon and that it was within his power to cast the demon out. The belief persisted for many years, even through the period of Hippocrates, of Galen, of Celsus and of all the great scientists of the Middle Ages who were discovering anatomy and recording the facts of physiology and pharmacology. But soon the priests themselves began to realize that there were certain virtues inherent in material things—that a certain drug would secure the same result every time. They found savages availing themselves of the drugs of the fruit and of the field for definite purposes. Thus quinine came to be used for malaria. When they found these things, the priests were too wise by far to let them pass unnoticed, because they saw no reason why material

things should not be aided by faith in the healing of disease.

Gradually as the various sciences developed, particularly the fundamental medical sciences, man began to apply new knowledge to disease. But even yet, not everything is known. The human being does not understand everything that goes on in life and in nature. Man has always had a fear of the mysterious and the unknown. Preying upon that fear, and utlizing it to the greatest advantage, systems of healing founded on faith and disregarding the material have grown and prospered. Mesmer, who developed animal magnetism, was one of the first to avail himself of this power of suggestion, the power over the mind of man, to create a healing cult. Old Dr. Phineas Quinby in New England knew mesmerism. Mary Baker Eddy when she became ill went to Phineas Quinby. About the same time there appeared August Schlatter, and many other faith healers. Here was the capitalization of the knowledge that faith may do wonders in some ways.

At the same time other healers applied to special systems the knowledge that health is inherent in the simple life. There developed the Kneipp cure, and deriving from that today is naturopathy. Such hokum as walking in the dew with bare feet while wearing a white robe is a snare that captures, while the eating of simple foods and the avoiding of all sorts of sophisticated food and drink produce some benefit.

Long before historical times, even in the days of legendary fame, came the knowledge that there is a peculiar virtue in the laying on of hands. A mental suggestion made at a distance has virtue of certain value, but a suggestion made with the laying on of hands has a much greater potency, particularly if the hands are laid on by a man of intense personality and with an uplifting voice and countenance. This laying on of hands must certainly have been capitalized by old Andrew Still, who founded osteopathy, and by D. D. Palmer, the magnetic healer who combined that hokum with osteopathy and called it chiropractic.

Cults grow by the application of principles like faith healing, by the laying on of hands, by emphasizing the mysteries of electricity or some other science. They grow under the guidance of some powerful charlatan or leader who, like as not, either believes himself divinely inspired or passes on to his followers the belief that he is divinely inspired.

Here are these very simple classes, but they reclassify into hundreds. From faith healing alone were derived Phineas Quinby, Mesmer and Mary Baker Eddy, New Thought, the Immanuel Movement, the Fire Baptized Holiness Association, the Holiness Society of West Virginia, the Metaphysical Healers, the Mind Curists, the Viticulturists, the Phrenopthists, the Esoteric Vibrationists, the Occultists, the Venopthists, the Psychic Scientists, Coueism, much of psychanalysis and most of psychotherapy.

What is faith healing in its actuality? The series of articles on religious healing already mentioned concluded that unquestionably there are cases of drug addiction, alcoholic addiction, of mental disturbance of one type or another, like hysteria, that are benefited and cured by religious healing and by faith healing. Scientific medicine may adapt these means, by which these results are secured, to known facts of anatomy and physiology, using them in the healing of disease as a science and not as a fraud.

In the city of Vancouver, a scientific commission was appointed not long since to investigate the results of a faith healing week in that community. That scientific commission spent money and time going to the homes of the persons who had announced themselves loudly as being cured, to find out what had happened to them. The committee succeeded in securing the names of 350 persons who were presumably cured by faith healing methods. The diseases included cancer, pyorrhea, epilepsy, bronchitis, neurasthenia, idiocy and some fifty-five others. Of all the patients, only five were so benefited at the end of six months that they might be called cured. Thirty-eight patients showed general improvement, but 212 of those declared cured after anointing were found unchanged, and seventeen were distinctly worse. Thirty-nine of the "cured" patients were dead after six months. Five of the persons anointed and four members of the families of the anointed persons were found in institutions for the insane. Of the five cases admittedly cured, all were in the group classified by some diagnosticians as nervous or mental diseases. They included a girl who stammered before and had not stammered since; a hysterical paralytic who merely had convinced herself that

she was paralyzed and was unconvinced after anointing; a confirmed invalid who enjoyed a variety of ill-health, including many ailments, but whose physicians called her hysterical; a man who had diagnosed his own condition as internal goiter, without consulting a physician, but who was called by his physicians a case of globus hystericus. Worst of all, many tragic cases were found of children declared cured but much worse due to neglect six months after the anointing. Such are invariably the results of scientific investigation of the claims of charlatans of one type or another.

All in all, human nature is essentially the same. Four thousand years ago there were unquestionably charlatans and unquestionably credulous believers to fall for what the charlatans told them. There are today in the United States more than a hundred varieties of quackery and cultism. With the laxity of our legislation, with the methods by which cults propagate in this country, with the fertility of invention that characterizes the American mind, ten years from today, if there are new discoveries in fundamental sciences, there will be cults founded on each of them, and at least ten million imbeciles who think they are smart enough to try them.

NAFTALAN NOT ACCEPTABLE FOR N. N. R.

The Council on Pharmacy and Chemistry reports that Naftalan, according to the Ft. Dearborn Drug & Chemical Co., is manufactured by E. Stiewe, Magdeburg, Germany, and is "a preparation of Russian mineral oils containing about 4 per cent of soap, in the form of an ointment." The claims made for the preparation are closely similar to those which were formerly made in the exploitation of Ichthyol for various skin diseases. The Council found Naftalan unacceptable for New and Non-official Remedies because the information in regard to its composition is unsatisfactory and indefinite and because the therapeutic claims advanced for it are unwarranted. (Jour. A. M. A., Aug. 14, 1926, p. 509.)

SILVER PROTEIN PREPARATIONS

At the request of the Council of Pharmacy and Chemistry, the A. M. A. Chemical Laboratory examined the silver protein preparations that had been found acceptable for New and Non-official Remedies in order to determine whether or not they complied with the standards of the U. S. Pharmacopeia X. The Laboratory reports that all of the specimens of the silver protein preparations both mild (Argyrol type) and strong (Protargol type) described in New and Non-official Remedies were found to comply with the new U. S. Pharmacopeia standards for these preparations. (Jour. A. M. A., Aug. 7, 1926, p. 430.)

THE MEDICAL PROFESSION AND THE PRESS*

HERBERT R. GALT
Editor of the St. Paul Dispatch and Pioneer Press
Saint Paul

By way of providing a text for this paper, I am going to relate an experience with some doctors. About a year ago I was invited to speak before a group of medical men. I happened to be first on the program, so when I had finished, I sat down to listen to the rest of it.

Among those who followed was a distinguished physician whose name, after the employment of this adjective, I am altogether too discreet to mention. This gentleman described for the Society a case which lately had come under his observation—that of a woman who had something very wrong with her head. The ordinary methods of diagnosis being without avail, the patient was sent to a hospital where, after due consultation, it was decided to operate. When the skull was opened, a large tumor was discovered in the brain and of course immediately removed.

It was an interesting story, told with a great wealth of detail, yet when it was finished it seemed, at least to a layman, to be incomplete. Something essential had been omitted. Various gentlemen in the audience rose to put queries and to comment upon the strange case, and I expected momentarily to hear one of them ask the question which was, so to speak, trembling on my lips, but none did so. After some thirty minutes of discussion I was about to conclude that my curiosity would have to remain unsatisfied, when a gentleman in the rear of the hall took the floor and said: "Doctor, what was the result of the operation?" Then came the missing bit of information: "The patient died on the operating table."

I relate this incident not to amuse you at the expense of your professional brethren, but to support the thesis that science sometimes requires the coöperation of the press, not merely for the purpose of translating science into English, but occasionally in order to reëstablish its sense of relative human values. Your achievements in solving the mysteries of the human body are at once the admiration and despair of the laity. The impenetrable reserve with which the processes of

*Read before the Medical Economics Meeting of the Minnesota State Medical Association, St. Paul, May 17, 1926.

your laboratories are guarded is matched by the no less impenetrable language in which you are, with the greatest respect to Dr. Fishbein, accustomed to publish your conclusions. A press trained to answer the questions Who, What, When, Where and How, finds itself baffled and occasionally exasperated at your tendency to invert what it has been taught to consider the dramatic order of the human narrative. In which, of course, the press is entirely unreasonable. It has no greater right to expect you to know its craft than you have to expect it to know yours. Less perishable literature than newspapers, of course, owes much to medicine. William Osler's "Science and Immortality," for example, suggests that his name might well have been as great in letters as in medicine, but as respects the peculiar art of journalism I suspect that the rule of the shoemaker and his last is a safe one to follow. Medicine probably will have to entrust to the press the task of transmitting its current accomplishments to the common man; and if this assumption be correct, perhaps my mission this evening is to present for your consideration some of the necessities of the press in this connection, and to suggest, if I may, the way in which our joint adventure in public service may be carried out most effectively.

All worthy enterprises in coöperation, I take it, rest first of all upon the solid foundations of mutual understanding and mutual respect. So far, then, as medicine is concerned it must be prepared to grant what the press freely concedes to it—that we understand our job as well as medicine understands its own. I believe that we do. Ours is no juvenile among the professions. Two hundred years before Andreas Vesalius gave to the world his epochal work on anatomy, a newspaper was being published in Peking. Apostrophizing the newspaper recently, Thomas Hardy the great English poet and novelist, wrote:

"I too am old; in me appears
The history of a hundred years;
Empires', kings', captives' births and deaths,
Strange faiths and fleeting shibboleths;
Tragedy, comedy throng my page
Beyond all mummed on any stage;
Cold hearts beat hot; hot hearts beat cold,
And I beat on; yes; I am old.

Old enough, I trust, to have acquired a very definite technic, a valuable experience and some understanding of the outlines of its task; yet I have the impression that medicine does not always or even usually recognize this. The average physician, I find, is inclined to regard the newspaper with something very like distrust. There is, of course, a reason. The newspaper is so absolutely opposed in all its methods to the scientific calm of the laboratory, and so impatient of the delicate relation existing between doctor and patient, as to be well calculated to fill his soul with misgivings. It is, let us frankly admit, a hasty and possibly an irreverent thing. It is devoted very largely to the fields of action rather than those of contemplation and research. Its judgments of necessity must often be based upon intuition rather than precise knowledge. It is breathless, intrusive, emotional and noisy. Its language is of necessity the language of the common man rather than the scholar. It is inclined to refer to the streptococcus as a "bug" and to the victim of dementia præcox as a "nut." To the man of ordered scientific mind it must indeed seem to know nothing thoroughly.

Yet if the scientist is to deal with and through the press, and he must if he is to speak to mankind in mankind's familiar argot, it will be necessary for him to rid himself of his apprehensions and to recognize that, after all, there is a profound method in the newspaper's apparent madness. It is founded upon a study of the human mind and heart which I suspect has not been less thorough than your own of the human body. If it is hasty that is because its modern constituency insists upon haste. You may be willing to await an authoritative announcement with regard to a medical discovery, but we know that you expect us, nevertheless, to bring to your doorstep the hour-by-hour developments in Britain, four thousand miles away. If the press deals with the news of medicine as it deals with the news of the English strike, ask yourselves why. If it devotes itself to action rather than to contemplation that is because the history of the world, of which it is the daily recorder, is a history of action. If it is irreverent in the sense that it is inclined to discount pretensions in all fields, your own included, that is because experience has taught it to take most things with a grain of salt. If it is interested not at all in a clinical history, yet very deeply in its end, that is because its constituency demands the last chapter first. It is elemental

because the essential interests of the human family have changed very little in the past four thousand years, and, so far as my own observation goes, may be expected to change very little during the next four thousand. If, therefore, you are to avail yourselves of the opportunities offered by the press for communicating with mankind, your task is not to smash the newspaper's sorry scheme, and remould it into something nearer to your heart's desire, but to accept it as you find it, remembering always that it is under the compulsion not of perfection but of doing its job as skillfully, accurately and intelligently as it can within the limits of time that have been definitely fixed for it, and to the extent that its readers require that it go.

If you ask what I mean by coöperation I might answer by describing the relations which already exist between the press and other professions. It may apply to a mathematician for an opinion on the Einstein theory; it may go to an archeologist to inquire about the lost city of Ur; to a lawyer for guidance upon a constitutional question; to an engineer in the matter of building a bridge, or to a theologian upon a Biblical interpretation. But when it goes to the physician to ascertain, for example, whether there is any sound scientific basis for the theory that cancer is caused by a germ, it finds itself so frequently hedged about with provisos and conditions as to make the effort well nigh useless. I have reference, of course, to that canon of medicine which frowns upon professional advertising. This has apparently been construed to forbid not merely the insertion of a business card in the newspaper, but any newspaper reference to a particular physician. Frankly, the press does not understand how a great profession, dedicated to the service of suffering humanity, can reconcile this rôle with one in which private business rivalry apparently plays so important a part. It finds the problem the more incomprehensible since medicine has never hesitated to urge upon the press its duties to the public, nor, in this connection, to suggest the reform of its advertising business. The average newspaper man tends to think that a rule of professional conduct which sometimes appears to sacrifice the public interest to the private business of the physician is curiously out of harmony both with the realities of life and with the rôle of preceptor.

Perhaps I may make myself clearer with a case in point. Some years ago this community was visited by an epidemic which caused great public distress and apprehension. There was hereabouts a physician who had made a special study of the disease and whose opinion presumably was worth something to the people. Nearly a week of precious time was lost in an effort to break down his professional reserve—not because he was unwilling to give the information, for we have not found you entirely averse to public recognition, but because he was fearful of professional opinion if he should do so. Finally, however, he surrendered to the argument that, like Othello, he owed the state some service, and permitted the press to quote him on the subject. What was our astonishment and mortification later on to be told that the press had "fallen" for Dr. Blank's free advertising? My own feeling was that this gentleman had performed a public service for which he was entitled to the thanks of the community; but I am very sure, in view of his experience, that he will never do it again. Why is it that in the vastly important matter of public health and in the fulfillment of the physician's obligation to suffering mankind so narrow an interpretation of his code is permitted to hamper his usefulness?

I beg you to believe that I ask this question with the most profound admiration of your great calling, and with some understanding of your side of the problem. It would be strange if a doctor's son did not understand it. I know how important is the maintenance of your fine tradition, how fearful you are of the advantage which might be taken by charlatans of any relaxation of your code; and I shall certainly not have the temerity to do more than mention the matter as it affects the press and venture the hope that you will yourselves eventually find the solution. Some bold spirits among you already are leading the way. The newspaper writer on medical subjects is now a familiar figure. At present a method is being worked out by means of which it may be possible to use these men as consultants in news matters affecting the profession. But it will never be possible, so long as the question of health remains one of the most interesting and important of all human questions, for the practising physician to avoid contact with his local papers, and it ought to be possible for him to get

along with them with a minimum of friction and a maximum of usefulness to his community. It certainly ought to be possible for him to speak frankly and openly with them without bringing down upon his head the strictures of his colleagues.

I have spoken of this matter of reliable scientific news as if it were of some importance. Is it, after all? A few weeks ago I heard Secretary Hoover deliver an address to a group of newspaper men from 21 nations. He was speaking at the Bureau of Standards, which is the government's scientific testing ground, and he told us that science is not news. If he is right, then our discussion is academic. But is he right? I do not of course know what newspapers Mr. Hoover reads, but, knowing as I do the newspaper attitude towards scientific advance in all fields, his remark struck me as astonishing. The fact is, and I am sure you will bear me out, that the eagerness of the press to bring to its constituency the latest developments in the laboratory and the clinic is far more responsible for criticism of the newspaper than its sins of omission. The press is more frequently scolded by the scientist for dignifying announcements made without respectable authority than for ignoring them. Was the discovery of radium news? Was the invention of wireless news? Was the first flight of the airillinium news? Was Einstein's theory news? Was the Schick test for diphtheria news? Were the discoveries of Doctors Dick with respect to immunization against scarlet fever news? I enumerate only a few of the discoveries of my own time which became front page news, as the very best possible evidence that the press is not, as Mr. Hoover suggested, out of perspective in the field of science. It is in the maintenance of this perspective, so far as your own branch of science is concerned, that the press asks for your coöperation and your sympathy.

Probably there is no business in the world that receives so much good advice as ours. Everybody knows what the public wants, or perhaps what the public ought to be permitted to have. The press is told by those who insist that it bring news half way round the world and deliver it at their doorstep every morning and every evening, that it is hurried and superficial. It is expected to provide infallible judgments upon art; science, government, literature and economics, although it is in the hands of fallible mortals. Perhaps, even if this is at times trying, it is a good thing for us. It provides us with the valuable corrective of public criticism, and I suspect tends towards our improvement. We do not, therefore, complain; we ask only that our critics, yourselves among them, help us to do our job more accurately and intelligently year by year. We cannot be reformed until human nature itself is reformed; we cannot be made over, so far as your profession is concerned, into something approximating Dr. Fishbein's famous Journal; we are incorrigibly devoted to English words of one syllable and to the writing of the last chapter first. But if you will speak to us openly and frankly when we consult you in connection with questions in which we think the public has a legitimate interest, and remember, when we dramatize your cases, that the public will otherwise pay no attention to them whatever, I imagine that together we shall serve mankind more faithfully and efficiently than if we go our separate ways.

PREVENTIVE INOCULATION AGAINST RABIES

In the use of antirabic inoculation, there is no especial advantage in the use of the treatment requiring a considerable number of doses over that in which a smaller number are employed. Within recent years the killed virus has to a very considerable extent replaced the attenuated virus. A number of modifications of the Pasteur treatment are licensed by the Treasury Department and all are considered to be safe and effective. The duration of immunity in man after a series of antirabic injections is unknown, but it is generally advised that an exposure to rabies more than six months after a course of treatment should be followed by a new course of the prophylactic. (Jour A. M. A., Aug. 21, 1926, p. 607.)

THE GERMICIDAL PROPERTIES OF SOAP

The assertion that solutions of soap may exert germicidal effects is credited to Robert Koch. His assertion has not been generally accepted. The customary view is that the value of soap rests on its cleansing powers, that is, by its property of removing germs mechanically. Lately, however, it has been shown that soaps are destructive to many varieties of microörganisms. Thorough washing of the hands with ordinary soap will destrop any adhering diphtheria bacilli, streptococci and pneumococci. There are microörganisms that seem to be unaffected by the soaps of some of the fatty acids. Foreign substances interfere markedly with the germicidal action of soap. (Jour. A. M. A., July 3, 1926, p. 37.)

THE ENERGY OF LIGHT*

CHARLES H. MAYO, M.D.
Rochester, Minnesota

The more one investigates cause and effect in the universe and the development of the world the more respect one has for those ancient people of Central America, Egypt, and other countries who worshipped the sun. We pass over their sacrificial efforts to appease the wrath of the sun and win his favor since they are in harmony with many religious cults, in which the sufferers are sustained by the glory of martyrdom. Modern wars of civilized man are more destructive without doubt; those who are the greatest leaders in destruction become heroes. Concerning our universe there is little doubt that Chamberlain's theory is most acceptable, and that the sun's planetary system (of which we are a part) came from a most ancient near-accident to old Sol when another star body passed near and encircled it, without actually touching it, and caused the immediate development of such great heat that a number of masses were thrown off from it. The planets and satellites of these gaseous masses, made round by rotation and gravity, have since been cooling, each according to its size, as an enormous period of time has passed since that occasion. Mars probably has now about the climate of New York City. The orbit of the earth is one year, while Neptune, so great is its orbit, has made the trip about the sun but eleven times since the birth of Christ.

Physicists, geologists and biologists have discussed the millions of years of time which have been required for the formation of the present stage of evolution and development much as if such eons were but minutes of the present. Sunlight has taken a comparatively short time to reach us, coming at the rate of 186,000 miles a second. It takes eight minutes and twenty seconds to make the trip of ninety-three million miles from the sun to the earth. Our sun is one of the smaller suns, that is, the stars emitting light, being more condensed than some which are larger. The earth, in comparison with the sun, would be but a grain of sand at twenty-three feet from it when the sun is represented by a tennis ball; the next nearest sun, another tennis ball, would be 1,100 miles away. Only three suns other than our own are within ten light years of the earth, and from the nearest of them it would take four and a half years for the light to come to us. The space separating our solar system from the other suns is very great, considering the difference in time for their light rays to reach us compared with those from our sun. In fact all life has been and is dependent on the sun as it goes on through the ages emitting radiant energy. Professor Russell says the sun will give satisfactory rays for another billion years, which relieves some of our worry. The heat rays from the sun are capable of being measured. It is giving off energy equivalent to the burning of billions of tons of coal each second, and we are getting only a small part of it. The heat received from the sun by the entire surface of the earth is equivalent to the burning of two million tons of coal every second. The heat from one hundred million of the stars (or suns) would not here raise the water in a thimble one degree in one hundred years. We have a universe, the bodies in which are slowly contracting, yet our earth that some think of as large for practical purposes is as much smaller as the rapidity of travel has increased in fifty years; a few decades ago it took weeks to sail to Europe but now it takes only a few days. On land we had the horse, then came the rails, and now the automobile. The earth rolls on at the same old speed and in just the degree that man's speed has developed in the last fifty or one hundred years actually to encompass it, just so much smaller may we consider our world and so much more interesting is it as we can visualize it in thought. Man has gradually come into control of the world's forces, principally by making use of the stored energy of the sun and its ever-present activity. The stored energy of the sun is in the form of coal which developed when a very different atmosphere existed, heavily charged with carbon, and giant rushes and masses of tropical growth, trees, ferns and grass, made enormous beds of deposits which, under pressure of layers of earth and rock, ultimately formed coal of various degrees of hardness. Lignite is half-formed coal produced when that age was passing, and peat, found in our northern marshes, the still less formed carbonaceous material of the present period. Such material, including wood,

*Read at the banquet of the Minnesota State Medical Association in St. Paul, Minnesota, Tuesday, May 18, 1926. Also read before the Franklin Institute, Philadelphia, January 28, 1926.

is capable of disorganization by fire, as it combines with oxygen. It thus gives up that heat in a short time which it has been a long time in acquiring from the sun, gives back its carbon to the air and its minerals as a residue of ash. Water-power or white coal represents the rapid action of the sun. The energy of the sun stored in water as it is lifted by evaporation is released in the falling rain and the flowing river and can be transformed at man's desire and under his control.

In America we have made the greatest use of the sun's energy, and man's industrial labor is now backed by over sixty horsepower. The marvelous imagination of Jules Verne vividly recorded in his novels has, in fact, been surpassed by train and automobile, by airship, and both on and beneath the sea. However, the smaller our world the greater is the interest taken in it and all that there is of life of every sort on earth. Our enjoyment of it comes from the sun.

Since the electronic theory was formulated, scientists have determined that our world is composed of thousands of combinations, 250,000 being known, of the ninety-two elements, with the first or lightest as hydrogen and the heaviest, uranium, number ninety-two. Of these elements ninety are now known and each of these elements drops into a pigeon-hole of numbered negative electrons or planets, so to speak, which compose its atom as a universe, and with positive electrons equal in number to its atomic weight, which as protons make up its nucleus or sun. As Rutherford says, the size of the atom is equal in extent to the maximal sized orbit of its negative electrons. It was Franklin who divided electric charges into positive and negative. To name them now they would be reversed. The fewer the movable electrons the more stable the material. The structure of the two missing elements is known, namely those numbered 85 and 87, but the actual substances are still elusive. Only ninety-two electrons may be held together and those of high numbers are slowly breaking up of themselves; thus uranium breaks up into lead and radium, which is one hundred times more active, or again radium disintegrates into other radioactive forms, A, B, and C, and helium and lead; others can be changed by knocking an atom of hydrogen, the master element, out of them with powerful *x*-ray radiant energy. The iron core of the earth's center approximates 4,000 miles in diameter and is thus eight times larger than the moon. It is true that by absorption we gradually accumulate more from the radiant energy of the sun's heat waves alone than we lose.

All material has its specific atomic structure, even its definite electronic chemical combinations with other elements. Living material has its own electronic combination and activity of structure which is not necessarily the same as the ordinary combination of such elements, but is after death, with loss of radiant energy. Life, then, is more or less electric and varyingly active, oxidative and chemical. Almost perfect acting cells are made chemically and resemble the living in some activities, especially in causing crystalline formation. Bacteria, ultra-microscopic, or larger and of molecular dimensions, may act as electrons of varying energy. Few, possibly 5 per cent, of the great mass of bacteria, which are the active living chemists of the world in nature, are destructive to living tissue. The most common forms of life in the sea are the bacteria engaged in forming limestone from the calcium in sea water. They work in sunlight and warmth now as in the Cambrian period of the world's history; in the strata laid down at that time the fossilized remains of the pre-Cambrian and Cambrian invertebrate life are held for our inspection.

It is but lately that we have appreciated radiant energy, although it is only about two hundred fifty years ago that the sunlight was first broken by Sir Isaac Newton's prisms into its bands of light from violet to red. The visible rays represent but a fraction of the spectrum. Now we know that the heat waves lie in the red and infra-red regions and next come the radio waves which are many meters long and then the alternating electric current with some waves many kilometers long. At the other end of the visible spectrum is violet and beyond the visible violet comes ultra-violet, then *x-ray* and radium rays with still shorter waves. The waves of the visible spectrum are measured by the millionth of millimeter length and run from about 400 to 800 millimicrons (violet to red, through the blue, green and yellow), or by the Ångström units (a ten-millionth of a millimeter) from approximately 4,000 to 8,000. Certain wave-lengths of ultra-violet rays are most important in stimulating the chlorophyl (which is the green of plant life), the hemoglobin of blood cells (which, in thin layers, is also green) and the photosensitive plate. The

ultra-violet is the most stimulating and is held by the tissues of the skin while shorter and longer waves at both ends of radiant energy pass through or are absorbed by the body. Thus red glass holds back all but the red waves of the light or visible spectrum and passes a considerable quantity of heat waves. Ultra-violet causes the cells of the skin to protect their nuclei rapidly by screening with melanin or the so-called tan of sunburn. Such rays lower blood pressure from 7 to 10 per cent, somewhat increase the oxygen of the blood and blood calcium, the activity of endocrine glands, and the storage of iodin by the thyroid. This is of great importance as the blood carries the same fourteen primary elements that good soil does for plant life. The ultra-violet increases vitamin A; in fact can develop it in linseed oil exposed to the ray. Cod-liver oil has a large amount of this vitamin. Thus the ultra-violet ray of the sun prevents and cures rickets, which is so prevalent among the children of Scotland with its fogs and clouds and smoky air, as it is approximately only for half the year that they have much chance with old Doctor Sunshine.

Fortunately man's ingenuity has developed the quartz glass (or fused quartz), which permits the ultra-violet ray to pass. Celluloid and paraffined gauze are also somewhat permeable to it, while common window-glass cuts out most of it. Thus the mercury-vapor quartz-lamp, or arc light with carbons combined with nickel, has a large amount of ultra-violet which can be used in the treatment of chronic diseases, especially tuberculosis of the lungs and joints. The greatest effect of ultra-violet from sunlight is obtained at midday as the rays pass through the thinnest layer of air over the earth. The long slanting rays of morning and afternoon are largely screened by the air, especially because of the average half-inch layer of water diffused in hygroscopic form throughout the air. Thus high mountain altitudes are used in order that such sun treatments shall be most effective, although ultra-violet treatments are of value for shorter periods in any place, and artificial ultra-violet light can be created where nature gives little or no aid with sunlight. The ultra-violet which can be transmitted through air covers one and one-half octaves of light radiation, and one of the most destructive bactericidal regions of ultra-violet light is just below the very limit of the solar spectrum, that is 2,800 to 2,900 Ångströms. The ultra-violet stimulates chemical reactions without heat, which would otherwise require great heat to accomplish.

Water with carbon dioxide gas bubbling through it can be made into a hydrocarbon derivative, formaldehyd, CH_2O, being formed by exposure to ultra-violet rays. Sugar is chemically but twelve parts of carbon with eleven of water. Sunlight acting on the chlorophyl of the leaf makes starch, $C_6H_{12}O_6$, while cellulose is formed by a loss of a molecule of water, as the leaf unloads its burden of starch to the tree trunk at night.

The first recorded use of light in medical treatment was at Margate in 1750, by Russell, who was stimulated to its use by watching the self treatment of diseased animals. Finsen, of Copenhagen, gave it prominence in 1893, in the so-called Finsen ray; later Bernhard, in 1902, repeated the work by the employment of sunlight in the mountains of Switzerland for pulmonary tuberculosis; and in 1904, at Leysin in Switzerland, Rollier, finding that the treatment of tuberculosis of the lungs by heliotherapy under the direction of Bernhard was generally successful, started its use for the cure of so-called surgical tuberculosis, that is tuberculosis of bones, joints, glands, intestine, peritoneum and sinuses. The method is not a cure-all, but used with judgment and care may give surprisingly beneficial results. Those whose skins do not readily tan do not do as well as those whose skin quickly forms its melanin protection of the cell nucleus. In commencing treatment, the feet are exposed for a few minutes for a day or two, in a few days the lower half of the legs, then later the legs to the knees, and ultimately the whole body. The time of day the skin is exposed makes a great difference, as that light which gives the quickest photographic action has the greatest healing power.

The ultra-violet rays are destructive to skin if used without care. Probably this chemical reaction which is concerned in the destructive effects of the sun's rays on the skin in severe sunburn with blistering, destruction of skin and fever, consists of the formation of formaldehyd in the skin.

Hematoporphyrin made from blood and injected into the blood of the Caucasian makes him sensitive to light and may cause death in the sunlight, although without effect in the dark. Phyloporphyrin is its vegetable counterpart from

certain foods like buckwheat; it causes local skin reactions in man and white-skinned animals when they are exposed to sunlight. When carefully used this produces no reaction, yet the effect of continued or repeated small doses is undoubtedly to develop resistance of the blood and tissue against some chronic and a few acute diseases.

The light of the ordinary incandescent bulb is due to a filament of carbon which is resistant to the passage of the current. The filament would burn up if oxygen were in the bulb, but it operates in a vacuum or a bulb partly filled with inert gas. Diathermy is a method of heating living tissues to a considerable depth by electric current (as in the case of the lamp) to a temperature much greater in the center of a joint or muscle than can be obtained by superficial treatment. This temperature is greater than many of the germs of disease can withstand, and the process is similar to the pasteurizing of milk for thirty minutes at a temperature between 140 and 145° F. Such treatments are very effective in certain acute and chronic inflammations of muscles and joints, especially those caused by bacteria, as many bacteria are active in but a small range of temperature.

The essential elements when volatilized at high temperatures emit characteristic radiations. The spectrum of the sun's rays shows that the same elements which make up our earth are also present in the sun and this fact is one of the proofs of the earth's origin. Scientists were twenty-seven years studying a special band in the sun's spectrum which they called helium before this element was finally found on earth. We now know that it can be produced by the disintegration of radioactive substances, and is found both in the earth and in the sun.

In a democracy the mass of the people are dependent on city officials for health protection. Seventy per cent of the people of this country are now residents of the city and their needs should not be based on the working necessities of the 30 per cent (the farmers) who are opposed to daylight saving. Those in the eastern portion more generally can be thankful to their officials who have established daylight saving, making it possible for the children to receive more sunshine, and for grown-ups to enjoy a long evening and more contact with nature.

Certainly enough is known concerning the action of light to stimulate the medical profession to a desire to know more concerning it, and I shall feel well repaid if I have stimulated a single individual to read about and investigate this fascinating subject.

THE NURSE, THE HOME, THE HOSPITAL, AND THE HEALTH SERVICE

"The nurse plays an essential part in organized public health work; she is indispensable in the teaching hospital. And just now she is a storm center. Discussion, animated, sometimes excited, busies itself with questions of her training, qualifications, fields of work, hours, pay, motives, attitude. Physicians complain that she is hard to lure to the bedsides of private patients, that she is too often overtrained in theory, unduly professionalized, lacking in practicality and docility. Families find fault with the amount of her salary, the limitation of her hours, and her unwillingness to lend a hand in domestic tasks. Few people of modest means can afford to have her at all.

"The hospitals, too, cherish a grievance. They give her a sound training only to see her desert the wards to do public health nursing, school nursing, industrial hygiene work, and the like. Some of the smaller hospitals especially are quite bitter about this exodus. One of the most frequent complaints has to do with educational requirements. These are declared to be uselessly high, too theoretical and professional and a chief cause of keeping numbers low and costs high. All the plaintiffs tend to picture the nurse as something of a profiteer who has lost the Florence Nightingale spirit of sacrifice and service.

"What has the defendant, the graduate registered nurse, to say about these indictments? Here are some of the things she believes ought to be considered. Her education has cost her time and some money—actually a substantial sum if what she might have been earning in other work is taken into account. After an elementary school course, and often one or more years of high school, she has spent three years in a hospital. She thinks that during her period of training the hospital had a good deal of work from her on fairly cheap terms. When she has finished her course she feels that she has the right to choose between continuing in hospital service and entering the fields of private nursing or salaried public health or institutional nursing.

"Fortunately, committees which include doctors, nurses, and lay people are beginning to study the problem with openmindedness and good will. They are making studies of the actual facts; they are considering the classification of nurses into three or even four kinds with appropriate training for each; they are discussing changes in the curriculum, better and more economical organization of nursing service both in the home and in the hospital, the more effective utilization of public health nurses, and means of making the nursing career more desirable. In all this the Rockefeller Foundation takes a deep interest, but it has no panacea to offer, no special program to impose."—Rockefeller Foundation.

THE DISCUSSION OF CERTAIN FEATURES OF ANGINA PECTORIS.*

FRED M. SMITH, M.D.
Iowa City, Iowa

Angina pectoris is a condition in which pain is the outstanding feature. Even though it is associated with a variety of cardiac conditions, the pain, in the mildest to the most severe form, has certain fundamental characteristics. It is perhaps for this reason that the term "angina pectoris" has been retained.

The cause of angina pectoris has been extensively discussed and many hypotheses advanced. Aoritis, coronary artery disease and fatigue of the myocardium are the three most favored explanations. In the last mentioned theory, championed by the late Sir James Mackenzie,[1] it was assumed that an exhausted state of the myocardium was responsible on the basis that the syndrome may be produced by over-exertion in a young individual with a normal heart, as well as in an elderly one with a diseased myocardium. The increased incidence in the latter case was attributed to degenerative changes in the myocardium. It is evident, after careful analysis, that this conception does not differ essentially from the coronary hypothesis.

We are justified in assuming that angina pectoris is a manifestation of impaired function of either the heart or the aorta and that the pathological lesions in either of these structures, under certain circumstances, may be responsible for the distress. The fact that coronary occlusion produces pain typical of that of angina pectoris, except perhaps more severe, justifies the belief that an impaired blood supply to the myocardium is probably, in many instances, the cause of the syndrome. Under normal conditions the blood supply to the different sections of the myocardium is undoubtedly ample to meet the specific needs of the particular structures, even during periods of stress. If for any reason the blood supply to a certain area is reduced, the efficiency of this section is in consequence decreased. This section of the myocardium may be thus overtaxed by a load that is well within the functional capacity of the remaining cardiac musculature to carry. While it is well known that the occlusion of a coronary artery produces severe pain, it is conceivable that a much less extensive disturbance in the blood supply to a smaller section of the myocardium may, during periods of exertion, cause distress. The extent of the area with impaired circulation and the functional capacity of the remaining cardiac musculature would determine whether or not shortness of breath is experienced with the pain. It is a notable fact that the symptoms of angina pectoris frequently disappear with the onset of cardiac failure.[2] It is logical to assume, under these circumstances, that the functional capacity of all of the myocardium is reduced to a corresponding low level.

In a large percentage of the cases of angina pectoris that have come to necropsy, degenerative changes have been discovered in either the coronary arteries or the aorta and frequently in both. The coronary artery theory has been criticized because in a few instances there have been no demonstrable changes in these vessels.[3] The absence of gross changes in the coronary arteries, however, can not be regarded as a criterion of the efficiency of the coronary circulation. It is conceivable that there may be an impaired blood supply to a section of the heart without noticeable change in the gross appearance of the musculature. Furthermore very little is known in regard to the capillary bed of the heart. It is not impossible that a disturbance at this point in the coronary circulation may be a factor in the production of angina pectoris and cardiac failure. Mackenzie has pointed out that there may be a decrease in the number of the capillaries of the heart in later life, similar to that in the skin.[4] In the study of the capillaries of the heart of the cat, Wearn has shown that the number varies between 2,000 and 3,500 per square millimeter. Following the injection of histamine, however, the number is greatly increased, and in some instances was as high as 5,700 per square millimeter. Wearn concluded that these findings suggested a reserve supply of capillaries in the heart. It is not improbable that the number of reserve capillaries may be greatly decreased in diseased conditions of the myocardium.

The typical form of angina pectoris is sel-

*Read before the annual meeting of the Minnesota State Medical Association, St. Paul, May 17 to 19, 1926.

dom unrecognized. The clinical manifestations, however, are variable and the condition may be confused with other disorders, or even overlooked. In some there may be no more than a mild uneasiness or an indefinite sense of discomfort in the substernal region, a history of which is elicited only by carefully questioning the patient. While the pain is usually regarded as being substernal and felt near the level of the third rib, it may be at a higher or a lower level; under the xiphoid or referred entirely to the upper abdomen. In a typical case the pain is transmitted to the left shoulder and often down the arm on the ulnar side to the fingers. Occasionally the distress may be transmitted to the right shoulder. In some patients, however, the pain is first felt in the hands and arms and later, if the exciting factor continues, appears in the usual location in the chest. On the other hand, there are instances in which the distress is limited to one or both arms. In some patients the pain radiates to the neck and head and can be felt in the pharynx, the jaw, the mastoid region or the ear without appearing in the arm; or it may begin in the neck and head, and later reach the chest. The pain may not only be felt over the lower chest and upper abdomen, but in instances has been known to be referred to the testicles and also to radiate down the leg.

Even though the distress may vary in character and have a wide range of distribution, the type of pain, except perhaps for its degree of intensity and its extent of radiation during different attacks in an individual, is constant. Furthermore the attacks, in a majority of instances, are definitely related during the course of the disease, to factors which increase the work of the heart and aorta. The exciting factor may be the added effort of walking briskly, of climbing stairs, etc., or it may be the load imposed on the heart by increase of blood pressure accompanying excitement or, again, the interference with cardiac function due to distention of the stomach by a full meal and perhaps the associated accumulation of gas. In the instances in which the pain awakens the patient from sleep, some attacks, no doubt, are precipitated by an increase in blood pressure accompanying nightmare.[5] In doubtful cases, therefore, the influence of the various factors which may increase the work of the heart should be carefully considered. A few weeks ago a man past sixty years of age was seen, who complained of distress which was definitely localized in the epigastrium. This distress was a feeling of heaviness and appeared at a fairly regular interval, especially after the midday meal. He had been seen by a stomach specialist and his trouble diagnosed gastric ulcer. Upon questioning the patient, however, it was discovered that the discomfort was seldom experienced except after lunch. It was further found that the patient was in the habit of walking to his office about one hour after lunch and it was at this time that the distress was usually noticed. He had observed that the pain promptly subsided after reaching his office and that he might obtain relief by resting on the way. He would not admit that the pain was ever felt over the lower chest. The diagnosis of obscure forms of angina pectoris is therefore frequently dependent on a carefully detailed clinical history. The heart may be normal in size, the rhythm regular and the auscultatory findings negative and there may be no significant changes observed in the electrocardiogram.

Coronary occlusion is frequently mistaken for severe forms of angina pectoris. The character and distribution of the pain may be similar. In coronary occlusion, however, the pain is apt to be more severe, and instead of disappearing within a few minutes or a relatively short time at the outside, may continue for hours or days and even persist in minor form after repeated hypodermic administration of morphine.[6] Not infrequently the onset is accompanied by shortness of breath and cyanosis and be followed shortly by the appearance of other signs of cardiac failure. There is often noted, in addition, definite changes in the cardiac findings, such as increase in the area of cardiac dullness, irregular action of the heart, muffled cardiac tones, gallop rhythm and an apical murmur. Occasionally a pericardial friction rub may be heard on the following day. The temperature may be slightly elevated for a few days, and the number of leukocytes increased. Very often the blood pressure is reduced and the systolic pressure may be as low as 80 mm. Hg. If electrocardiograms are taken daily the curves will often show strik-

ing alteration in the ventricular complexus and frequently progressive changes in the T waves.[7]

A satisfactory treatment of angina pectoris is dependent upon a thorough knowledge of the physical condition, temperament and habits of the individual, and demands resourcefulness on the part of the physician. After the examination is completed, the patient usually will want to know the nature, and frequently the prognosis, of his condition. He may have surmised that he has angina pectoris and perhaps he may know something of its dangers. In every instance it is felt that the patient should be told the nature of the distress and a hint be given concerning the seriousness of the condition. This may be done in a way that will emphasize the necessity of following the advice concerning the treatment without unduly alarming the patient. Those patients who may know more of the significance of the pain, and perhaps be alarmed, should have the advantage of the hopes that come with the knowledge of the favorable features of the condition. In emphasizing this point, Dr. James B. Herrick[8] has recently pointed out that recovery has been seen, improvement is common and individuals have been known to live for twenty years. He, however, cautions against omitting reference to the serious nature of the illness and against minimizing the gravity too much, otherwise the patient is apt to soon disregard some of the suggestions concerning the treatment, which may cause unfortunate results, or he will soon lose confidence in his physician if he fails to relieve the distress. Each individual with angina pectoris presents a different problem and frequently the utmost tact within the bounds of truthfulness must be employed to insure satisfactory control.

Even though Dr. Herrick teaches that certain reservations are justifiable in discussing the condition with the patient, he insists that the family, or those nearest the patient, have a thorough understanding of the serious nature of angina pectoris. This will not only protect the physician against criticism in case of sudden death, but will promote coöperation of the patient through the influence of the relatives and friends.

Angina pectoris may be regarded as a manifestation of an impaired function of the heart or aorta which is fundamentally dependent on pathological changes in these structures. It is often precipitated by a disease state elsewhere in the body which has influenced the general health or by the hypersensitive nervous system of the professional or business man from high tension life or by the extra load imposed by numerous other excesses. It is the task of the physician to discover these various contributing factors and eliminate them, if possible. The treatment of a latent lues, the eradication of focal infection, the systemic management of a hypertension, chronic nephritis or gout may markedly benefit, or even eliminate, the angina pectoris.

In patients in whom there are extensive pathological changes in the heart and manifestations of cardiac failure, the attention necessarily should be directed toward restoring the function of the myocardium. It may be necessary to put the patient to bed, to promote sleep and administer digitalis. Very frequently rest of the nervous system will produce striking results in patients who have been working under excessively high nervous tension. This is obtained through recreation and sleep. It may not be possible for the patient to leave his business for a vacation. He can, however, by some means, lessen his responsibilities, and sleep should be obtained even by the use of a hypnotic.

Those patients who eat heavily and indiscriminately, and perhaps have hypertension and often excess weight, may profitably reduce the quantity of food taken, and limit their diets to the simple foods, with a small portion of meat once a day and sufficient vegetables and fruit to move the bowel regularly. This frequently results in a reduction in weight and blood pressure and enables the patient to accomplish much more in a physical way than he has in the past.

Disturbance in digestion, particularly relative to excessive formation of gas, oftentimes may seem to the patient to be the seat of the trouble. The taking of simple foods in small amounts more often, if necessary, and the correction of a constipation will eliminate the trouble. In a few instances the individual unconsciously swallows air and then expels it to get relief. This usually may be overcome by calling his attention to the habit.

The patient should be instructed to respect the pain and avoid it whenever possible. There is not only an element of danger in the pain, but frequent attacks probably render the nervous

system more sensitive and thus, after a time, make succeeding attacks more easily precipitated. The patient should, therefore, be cautioned against exercising beyond the point at which he first becomes aware of the distress. In order to accomplish this end, it may be necessary to tone down his entire plan of living. The patient should understand that work, in whatever form, within his functional capacity, promotes the general health, but when this limit is exceeded it becomes a source of danger.

In some instances the individual is awakened from sleep by the pain. Under these circumstances the distress is frequently precipitated by the increase in blood pressure accompanying a nightmare. The physician is justified in administering hypnotics for a time in the hope that this disturbing element may be eliminated.

The pain subsides usually within a few seconds after discontinuing the exercise or eliminating the other exciting factors. Many patients obtain prompt relief from an attack by the use of the nitrites in the form of the nitrite of amyl pearl, nitroglycerin (grs. 1/50 to 1/100) and spirits of glonoin (1 gtt). The pearl is crushed in the handkerchief and inhaled, and the latter two are placed under the tongue. Any of these preparations may be conveniently carried in the pocket and employed often, if necessary, without apparent harm. The most satisfactory results are obtained in patients with hypertension. The beneficial results are due to the lowering of the blood pressure, the dilatation of the coronary arteries and the stimulating action on the heart. The load of the heart is thus decreased and its functional capacity increased through the action of the drug on the coronary arteries and the cardiac musculature. In patients with low blood pressure there is often not only no relief from the pain, but the discomfort may be aggravated by the accelerated action of the heart and the flushing of the face produced by the nitrites. The heart is extremely sensitive to a decrease in the blood pressure beyond a certain point and the function may be seriously disturbed. This fact probably accounts for this ill response to the drug on the part of those with hypotension.

Some physicians advocate the use of those nitrites which produce a more prolonged effect on the blood pressure, as the sodium or potassium nitrite or the erythrol tetranitrate. In severe attacks where the pain is not relieved by nitroglycerine or other preparations that have a rapid action, morphine may be necessary and should be given hypodermically in doses of 1/4 gr.

Reference has already been made to the administration of digitalis and the employment of other measures in patients with extensive cardiac disease and evidence of myocardial failure. The long continued use of iodides, even in the non-syphilitic, particularly those with hypertension, has in some instances been beneficial. Iodides and mercury are the drugs of choice in those with syphilis. If arsphenamine is employed, it should be used with caution and only in small doses.

Favorable results have been reported following the use of the purine base derivatives as diuretin, theocin and more recently euphyllin.[10, 11] These drugs have a diuretic action and dilate the coronary arteries. Theocin, and particularly euphyllin, greatly increase the rate of coronary flow and have a favorable action on the heart. In certain instances either of the latter drugs no doubt improves the efficiency of the heart and relieves, or even entirely eliminates, the pain. Theocin is not tolerated well by the stomach. Euphyllin, however, may be given in doses of grs. 1½ after meals over a long period of time without disturbing the gastro-intestinal tract or kidneys.

Within recent years the resection of various portions of the sympathetic nerves has been recommended in the treatment of angina pectoris.[12] In some instances the pain has been eliminated by this procedure.[13, 14] It is, however, difficult at the present time to estimate the value of this method of treatment. The nature of the pain is not clearly understood and the influence of the section of the sympathetic on the heart is not known. In the tortoise, stimulation of the sympathetic nerves causes a constriction of the coronary arteries.[15] There is also suggestive evidence that these nerves supply, with constrictor fibers,[16] the coronary arteries of the mammal. The latter fact, however, has not been conclusively proven. If we are to regard the appearance of anginal pain as a warning signal, it is conceivable that the removal of this signal may eliminate a necessary protective measure. There are no doubt instances, however, in which the nervous system may be so sensitive that the indicator is very delicate. It would thus seem, under these circumstances, that the indicator may cease to serve, trustworthily,

its function and may justifiably be removed. If, in addition, section of the sympathetic improves the coronary circulation comparable to that in the leg following resection of sympathetic ganglia in Raynaud's disease, the operation would have an additional advantage.[17] Until, however, a more satisfactory physiological basis is established for the operation, great care should be exercised in selecting the patients. The operation, furthermore, should not be attempted by surgeons who are not thoroughly familiar with the anatomy of the sympathetic nerves, otherwise reports will be wholly untrustworthy.

More recently Swetlow and Schwartz[18] have reported the use of paravertebral injection with alcohol of the dorsal root ganglion and rami communicantes for the pain of angina pectoris. They employed this form of treatment in five patients and in each instance obtained satisfactory results. This procedure, because of its apparent simplicity, the unassociated dangers and promising results, seems to have many advantages over the resection of the sympathetic nerve and justifies further study.

REFERENCES

1. Mackenzie, James: Diseases of the heart, London, 1910.
2. Mackenzie, James: Principles of diagnosis and treatment in heart affections, London, 1917.
3. Vaquez, Henri, and Laidlow, G. F.: Diseases of the heart, Philadelphia, 1925.
4. Wearn, J. T.: Studies of the capillaries and thebesian vessels of human and cat hearts. Proc. Am. Soc. Clin. Investigation, May 4, 1925. Jour. Clin. Investigation, Aug., 1925.
5. Mac William, J. A.: Blood pressure in man under normal and pathological conditions. Physiol. Re views, 1925, 3, 303.
6. Herrick, J. B.: Clinical features of sudden obstruction of the coronary arteries. Jour. Am. Med. Assn. 1919, 59, 2015.
7. Smith, F. M.: Electrocardiographic changes following occlusion of left coronary artery. Arch. Int. Med. 1923, 32, 497.
8. Herrick, James B.: Billings-Forchheimer's therapeusis of internal diseases, George Blumer edition, New York, 1924.
9. Smith, F. M.: The action of nitrites on the coronary circulation. Arch. Int. Med., 1921, 28, 877.
10. Guggenheimer and Sassa: Klin. Wchnschr., 1923, 2, 1451.
11. Smith, F. M., Miller, G. H., and Graber, V. C.: The effect of caffein sodio-benzoate, theobromin sodio-salicylate, theophyllin and euphyllin on the coronary flow and cardiac action of the rabbit. Jour. Clin. Investigation, December, 1925.
12. Jonnesco, T.: Traitment chirurgical de l'angine de poitrine par les resection du sympathetique cervicothorocique. Bull. Acad. de Med., 1921, 86, 208.
13. Coffee and Brown: The surgical treatment of angina pectoris. Arch. Int. Med. 1923, 31, 200.
14. Levine, S. A., and Newton, F. C.: The selection of patients with angina pectoris for sympathectomy; with a report of additional cases. Am. Heart Jour., 1925, 1, No. 1, 41.
15. Drury, A. N., and Smith, F. M.: Observations relative to nerve supply of coronary artery of the tortoise. Heart, 1924, 11, 71.
16. Smith, F. M., Miller, G. H., and Graber, V. C.: Action of adrenalin and acetyl-cholin on the arteries of the rabbit. Am. Jour. Physiol. (in press).
17. Adson, A. W., and Brown, G. E.: Treatment of Reynaud's disease by lumbar ramisection and ganglionectomy and perivascular sympathetic neurectomy of common iliacs. Jour. Am. Med. Assn., 1925, 84, 1908.
18. Swetlow, G. I., and Schwartz, S. P.: The treatment of cardiac pain by paravertebral alcohol block. Jour. Am. Med. Assn., 1926, 86, 1679.

THE EFFECTS OF CARMINATIVE VOLATILE OILS

An investigation into the effects of the oils of peppermint, cinnamon, anise, caraway, wintergreen, fennel and orange indicates that the primary effect of these carminatives in concentration and doses comparable to those used clinically, is to relax the stomach and increase the tone and contraction of the small intestine and colon. Relief of discomfort by carminatives after a full meal can be understood easily in view of the relaxation produced by them; while in the intestine the effects of distension with gas or fluids would be relieved by increase in tone and contraction. (Jour. A. M. A., July 17, 1926, p. 176.)

RAY AND LIGHT THERAPY IN OTOLARYNGOLOGY

Violet ray and quartz light therapy have not been scientifically established as of great value for conditions of the nose and throat, as compared with the generally accepted medical treatment. With every new type of treatment, especially along the line of mechanical or physiotherapy, some investigators become overenthusiastic and report glowing results. As time elapses, it is found that most of these measures give some relief to a small percentage of patients but fail entirely in many others. (Jour. A. M. A., Aug. 21, 1926, p. 607.)

TRICHINOSIS*

THOMAS B. MAGATH, M.D.
Rochester, Minnesota

The opinion of most authors is that the treatment of trichinosis is still unsatisfactory. Here and there single cases have been reported or a group of a few cases in which some particular form of treatment has been said to be efficacious. While it has been definitely recognized that the administration of anthelmintics, in particular thymol, and severe purging, removes a great number of worms in the early stage of the disease, the fact that so many drugs have been used in the treatment of trichinosis after the larvae have invaded the muscles, indicates that there is no agreed method of treatment in this stage. While a host of drugs and various forms of treatment have been advocated, I wish simply to call attention to a few specific drugs.

Van Cott and Lintz (1914) treated two cases with salvarsan, one during the fifth week and the other during the fourth week. In the latter, eleven days later, neosalvarsan was administered; this patient died, the other recovered. McNerthy and McNerthy (1916) treated a very ill patient suffering from trichinosis with 0.06 gm. of neosalvarsan and, because this patient recovered, they concluded that neosalvarsan was the proper treatment in this disease.

Salzer (1916) in a paper published without protocols, and containing certain dogmatic conclusions, ascribes to serum obtained from patients who had recovered from trichinosis, not only a prophylactic but a curative property. He reported that this serum decreased the eosinophilia within a few hours, while normal serum had no such effect. He also obtained curative effects with this serum in experimental rabbits within twenty-four hours; he was further able to protect animals with this serum against infestation after trichinous meat had been fed.

Schwartz (1917) reviewed this paper and repeated the experiments in so far as he was able from the meager data presented. He came to the conclusion that (1) serum from convalescent animals did not produce immunity when injected into other animals; (2) the serum from convalescent animals when mixed with trichinous meat did not prevent this meat from being infective; (3) animals once infected could be reinfected; and (4) serum from convalescents had no ostensible ill effect on larvae freed from their cysts.

Fig. 1. Larva of trichina in the stage of active migration in the muscle tissue.

None of the results of experiments appeared to be in harmony with Salzer's conclusions concerning the prophylactic or curative valve of serum from convalescent animals.

Hall and Wigdor (1918) repeated the work of Schwartz and reviewed Salzer's claims. They did not agree with Schwartz in his rather wholesale rejection of Salzer's conclusions but agreed with him as far as his experiments went. They state: "Salzer may be right in part of his assertions and the treatment that he suggests worthy of more approval than Schwartz is inclined to accord to it." They felt that, while there is no theoretical reason to believe that the administration of serum from convalescents could affect the mechanical effect of the migration of larvae, there is reason to believe that a toxic product was developed by the growth of these larvae which the serum of convalescents might neutralize.

Alexander (1923), after reviewing the literature, came to the conclusion that there is no satisfactory treatment for trichinosis and that all one can do at the present time is to treat the disease symptomatically.

M. Algora Y. Nieto (1924) reports prompt recovery in seven cases in which 0.45 gm. of neoarsphenamin was injected two or three times.

Grove (1925) reported the treatment of a patient with antimony potassium tartrate. He administered 1 c.c. of a freshly prepared 2 per cent

*From the Section on Clinical Pathology, Mayo Clinic, Rochester, Minnesota.
Read before the American Society of Parasitologists, Kansas City, Missouri, December 29-31, 1925.

solution intravenously for the first dose, the next day 2 c.c., the next day 3 c.c., and two days later 4 c.c. The patient recovered.

It is difficult to evaluate the effect of treatment in the cases of trichinosis reported in the literature because critical data are not available; most authors report their results in single or a very few cases, and little consideration is taken of the fact that the mortality in trichinosis varies with many factors is particularly with the number of larval trichinae that migrate into the muscles. I am unable to find that counts of larvae have been made in muscles before and after treatment. In most cases the diagnosis has been established by making sections taken from various muscles in the body; in some it was established by the finding of particular types of muscle infiltration, the larvae not being seen.

The mortality reported in epidemics of trichinosis varies so much that it is very hazardous to attribute cure in a given case to any certain form of treatment. If the larvae in the muscles cannot be reduced in number and if they go through their normal life-cycle, it is hard to see how one can credit some specific treatment with the cure, especially when it is known that in more than half of the cases of trichinosis recovery is independent of any form of specific therapy. The nature of the toxin is not known and the demonstration of an antitoxin seems as yet not realized.

Attention should be called to the fact that Hall and Wigdor's series of animals was small, that the conditions of the different sets of experiments varied considerably, that the number of larvae for each unit volume of muscle was not recorded and that some of the treated animals died before

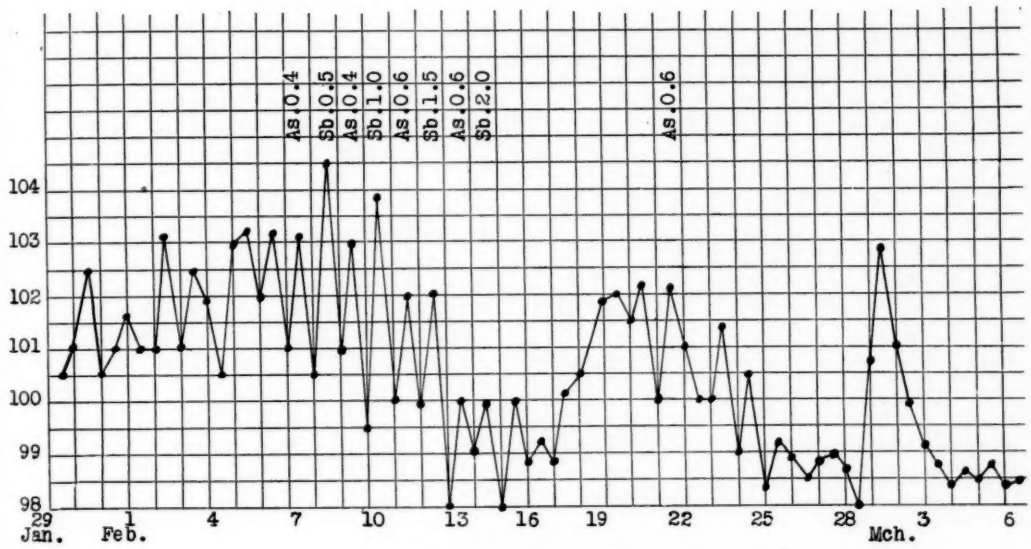

Fig. 2. Temperature chart.

This method is usually employed because the tissue pathologist who makes the diagnosis is more familiar with the method of sectioning tissues than the crushing method commonly employed in the diagnosis of trichinosis in hog-meat. This crushing method, which is far superior to that of tissue sections, consists of taking a piece of muscle and pressing it out between two glass slides until it can be examined under the 16 mm. objective; by this method larvae are readily seen and quickly counted. It is also possible to make satisfactory counts of the number in a unit field.

some of the control animals. In addition to that, the rats that were used in the experiment were evidently not standardized animals and the cause of death was not clear in some cases. At best there are very few instances in which the rats to which serum had been administered, outlived appreciably those untreated. For this reason I do not feel they are justified in the conclusion that "the longevity data from our experiments lead us to the conclusion that such a serum may be of decided value in combating the toxic features of trichinosis." In fairness to these authors, it

should be stated that this conclusion was based on theoretic considerations and the clinical observations of Salzer which apparently have not been repeated.

As an example of how one may be misled in drawing conclusions in the value of specific forms

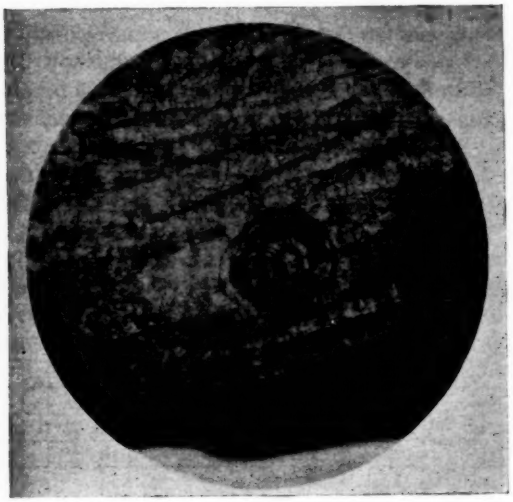

Fig. 3. Larva of trichina in the early encysted stage.

of treatment in trichinosis, I wish to call attention to the following case:

A farmer's daughter, aged seventeen, a resident of South Dakota, arrived at the clinic January 29, 1923, complaining of swollen eyes and headache of four days' duration. The day previous she had chills and fever beginning in the morning and had vomited once that evening. She had had previous trouble with her eyes which was relieved by glasses; and, while she was now dizzy and suffering from diplopia, this condition had been present for some time and she did not ascribe it to her present illness.

She was a well nourished girl, and weighed 70 kg. Both the upper and lower eyelids were swollen to some extent, the conjunctiva being hyperemic. There were hemorrhagic areas in the subconjunctiva on the temporal side of the right globe. The veins in the retina were full and dark but there was no edema, and no hemorrhagic areas on the right side although there were small hemorrhagic patches on the left. The thyroid was enlarged and soft, the heart rapid, the pulse 96, the temperature 101.2°, the systolic blood pressure 104, and the diastolic 82. Slight dulness and moist râles were found over the bases of both lungs. The abdominal muscles were tender; there was no rash. The urine showed no abnormal findings. The blood count made January 31 was normal. A differential blood count was made on February 6; at that time there were 15,400 leukocytes, 10 per cent small lymphocytes, 60.5 per cent neutrophils, 23.5 per cent eosinophils and 0.5 per cent basophils. The Wassermann test was negative and the blood culture negative, but in the blood were found a few larvae of *Trichinella spiralis*. It was then learned that two weeks previous, she had eaten raw pork for the first time in her life but that at no time had she had diarrhea.

February 7 a spinal puncture revealed the presence of larvae of trichina and a cell count of 2 small lymphocytes. A specimen removed from the right pectoral muscle on the same day contained 15 larvae for each cubic millimeter of muscle tissue. There were no signs of encysting and all were still actively wandering in the muscle tissue (Fig. 1). Intensive treatment was begun with neo-arsphenamin and antimony potassium tartrate:

February 7, Neo-arsphenamin 0.4 gr. intravenously
February 8, Antimony potassium tartrate 0.5 gr. intravenously
February 9, Neo-arsphenamin 0.4 gr. intravenously
February 10, Antimony potassium tartrate 1.0 gr. intravenously
February 11, Neo-arsphenamin 0.6 gr. intravenously
February 12, Antimony potassium tartrate 1.5 gr. intravenously
February 13, Neo-arsphenamin 0.6 gr. intravenously
February 14, Antimony Potassium tartrate 2.0 gr. intravenously
February 21, Neo-arsphenamin 0.6 gr. intravenously

During this treatment there was no immediate change in the course of the disease; the course was exactly what would be expected of such a case of trichinosis without treatment. The pains and edema became more marked, and the fever continued to run from 101° to 104° with only occasional reversions to normal (Fig. 2). It can be noted on the temperature chart that while at times, for instance February 14, 15, 16 and 17, the temperature was not so high, thereafter it rose to the neighborhood of 103°. There were several sudden rises, and a normal temperature was not reached until March 3. Several times during her stay in the hospital such alarming symptoms of dyspnea were manifested that death seemed imminent. It was not until March 10 that the patient felt well enough to sit up. Thereafter she recovered rapidly. March 13 another specimen of muscle removed from the right pectoral muscle revealed the presence of sixteen larvae of trichina for each cubic millimeter. They were all encysted (Fig. 3). The patient was discharged March 29, apparently well.

It seems to me that one cannot dodge the conclusion that this patient recovered regardless of the treatment rather than because of it. It is certain that we did not affect the number of larvae in the body by this treatment, and to consider neutralizing larval toxin with arsenic and

antimony is certainly so theoretical as to be unjustifiable at this stage of our knowledge. Since we know other patients with trichinosis who were equally ill recover without the use of any drug, it is certainly not fair to attribute recovery in this case to the use of these drugs.

I wish to make a plea for more careful evaluation of the effect of specific drugs used in the treatment of parasitic diseases, with a view to removing from our materia medica a long list of obviously ineffective anthelmintics.

BIBLIOGRAPHY

1. Alexander, M. E.: Trichiniasis, endemic and sporadic, with a review of the present status of the treatment of the disease. Am. Jour. Med. Sc., 1923, clxv, 567-577.
2. Algora Y. Nieto, M.: (Neo-arsphenamin in treatment of trichinosis.) Siglo méd., 1924, lxxiii, 160; abst. Jour. Am. Med. Assn., 1924, lxxxii, 1232.
3. Grove, J. S.: The use of antimony and potassium tartrate in trichinosis. Jour. Am. Med. Assn., 1925, lxxxv, 349-350.
4. Hall, M. D., and Wigdor, Meyer: An experimental study of serum therapy in trichinosis. Arch. Int. Med., 1918, xxii, 601-609.
5. McNerthney, J. B., and McNerthney, W. B.; Trichinosis, immediate results following intravenous injection of neosalvarsan. Jour. Am. Med. Assn., 1916, lxvii, 1086.
6. Salzer, B. F.: A study of an epidemic of fourteen cases of trichinosis with cures by serum therapy. Jour. Am. Med Assn., 1916, lxvii, 579-580.
7. Schwartz, Benjamin: Serum therapy for trichinosis. Jour. Am. Med. Assn., 1917, lxix, 884-886.
8. Van Cott, J. M., and Lintz, William: Trichinosis. Jour. Am. Med. Assn., 1914, lxii, 680-684.

SPAHLINGER TREATMENT FOR TUBERCULOSIS

From time to time M. Spahlinger has given out enthusiastic reports from his Geneva Hospital. Because of the favorable newspaper comment, more particularly in England, concerning this product a report was made on it by the Science Committee of the British Medical Association. In the statement of this committee, published last spring, the history of the preparation was summarized and the committee strongly emphasized that it cannot endorse "this or any new method until after a full and independent test." The committee concluded that the remedy is secret and that the exact methods of preparation have never been fully published; and, further, that no investigation carried out under strict experimental conditions which afford direct and convincing evidence of curative action has been published. (Jour. A. M. A., Aug. 28, 1926, p. 693.)

AMBLYOPIA CAUSED BY INHALATION OF CARBON MONOXID GAS*

WILLIAM R. MURRAY, M.D.
Minneapolis

Comparatively few cases of serious visual defects, temporary or permanent, due to inhalation of carbon monoxid have been reported in medical literature. Doubtless many of the cases of fatal acute carbon monoxid poisoning would have shown serious intraocular lesions, had the victims survived, but the reported cases of serious and permanent ocular lesions caused by chronic carbon monoxid poisoning are comparatively few.

It is evident, from the almost daily reports of fatal cases of gas poisoning, that carbon monoxid gas has become an extremely important health hazard, and is responsible for an alarmingly increasing number of accidental deaths.

Carbon monoxid is the principal product of incomplete combustion of carbonaceous matter and is the cause of more deaths than all other gases combined. It is odorless and non-irritating and its avidity for hemoglobin is 250 to 300 times greater than is that of oxygen, thus reducing the oxygen carrying power of the blood, and acting as a poison by preventing the normal supply of oxygen from reaching the body tissues.

Chronic carbon monoxid intoxication has not received the attention that it deserves and doubtless many cases are unrecognized. Very little attention has been given to the importance of carbon monoxid as a cause of such common ailments as headache, dizziness, gastric and psychic disturbances. That such complaints may be frequently due to the repeated inhalation of minute quantities of gas is not surprising when we are reminded of the almost universal use of gas for heating, cooking, and illuminating purposes, the general use of coal stoves and furnaces, and the constant presence of carbon monoxid in the exhaust gases of 20,000,000 automobiles in this country.

Employees in automobile garages and repair shops are constantly subjected to the dangers of carbon monoxid poisoning, unless protected by adequate ventilating systems, and the repeated inhalations of very minute quantities of carbon

*Read before the annual meeting of the Minnesota State Medical Association, Saint Paul, May 17 to 19, 1926.

monoxid over a long period of time may be more dangerous to the individual than a single exposure to the gas in much greater concentration.

In 1923, the Division of Industrial Hygiene[1] made a study of the health hazard to garage workers from carbon monoxid. One hundred and fifty-seven garages, service stations, and repair shops were inspected to determine the amount of carbon monoxid present in the atmosphere and its effect upon the health of the workmen. Tests were made for the quantitative determination of carbon monoxid in the blood and the percentage of hemoglobin was determined. In 69.5 per cent of the workers examined, the test for carbon monoxid was positive, while in all cases, with one exception, the hemoglobin was normal or nearly normal. It was found that in some garages, where carbon monoxid concentration in the air was demonstrable, the men examined did not show a corresponding percentage of carboxyhemoglobin, and some did not give a positive test at all; conversely, in some garages, where it was not possible to demonstrate any carbon monoxid in the air, some of the workmen gave a positive test for carboxyhemoglobin. These discrepancies were due to the rapid elimination of carbon monoxid, the rate of elimination being from 30 to 50 per cent per hour, depending upon the amount of fresh air inhaled. It was also found that it is possible for a workman testing and adjusting a car for one hour to absorb enough carbon monoxid to show a carboxyhemoglobin saturation of 22 per cent, when the concentration of carbon monoxid in the air of the garage does not exceed 4 parts in 10,000. A test in a large garage of the air surrounding a car, with the engine running, taken 10 feet from the exhaust and at a height of 4 feet from the floor, showed 10 parts of carbon monoxid in 10,000, while 30 feet from the car, it was not possible to obtain a positive test. In 77.5 per cent of the garages inspected, carbon monoxid was present in the air in different concentrations. The workmen gave a history of headaches in almost all cases, and gastric symptoms were common.

In cases of chronic carbon monoxid intoxication the more common symptoms are headache, dizziness, gastro-intestinal disorders, languor, palpitation, muscular weakness, and mental disturbances. The central nervous system is the first to be affected in carbon monoxid toxemia and the characteristic headache is one of the earliest symptoms. Forbes, Cobb and Fremont-Smith[2] demonstrated that carbon monoxid causes a marked rise in cerebrospinal fluid pressure and concluded that the carbon monoxid headache is closely assiciated with, if not directly caused by, an increased intracranial pressure due to congestion and possibly also to edema.

The fibers of the optic nerve apparently are not especially susceptible to the action of carbon monoxid, nor are the delicate papillomacular fibers which are so susceptible to the action of such toxic agents as tobacco and alcohol. Ocular nerve lesions, however, are frequently present in carbon monoxid poisoning and are due to involvement of the nuclei of origin of these nerves, and we find such ocular lesions as paralysis of the external and internal ocular muscles, disturbances of the pupillary reactions, homonymous hemianopsias, diplopia, visual field changes, color blindness, optic neuritis, subconjunctival and retinal hemorrhages. The earliest and most constant ocular sign of carbon monoxid intoxication is congestion of the retinal veins and hyperemia of the optic disk. While these commoner eye lesions usually disappear, a review of the literature shows a number of reported cases of serious and permanent visual defects due to inhalation of carbon monoxid gas.

Wilmer[3] reports two cases of permanent visual defects. The first case, a boy eight years of age, had a chronic carbon monoxid poisoning caused by inhalation of coal gas from a defective furnace. Four years later examination of the eyes showed pupil reactions normal, motility of the eyeballs and muscle balance normal, central visual acuity good, visual fields much contracted, paracentral scotoma, and enlargement of the blind spots. The second case, a workman thirty-five years of age, had used a gasoline torch in a closed room. For about two hours afterwards he had felt faint, dizzy, nauseated, and had a headache. These symptoms disappeared in a short time. Two days later vision became blurred and remained so for two days. Two months later he again used the gasoline torch in a closed room and two days later vision was impaired and became progressively worse. Two months later his vision was 13/200 in the right eye, 20/200 in the left eye. Pupils were unequal

and reaction to light was sluggish; color sense was defective; visual fields were contracted; and there was optic nerve atrophy present.

Shumway,[4] in a discussion of Wilmer's cases, mentions a case of blindness occurring in a child six months of age and caused by inhalation of coal gas from a defective heater. Pupillary light reflex was absent; the optic disks presented a slight pallor, but no optic atrophy followed. Permanent blindness, as well as permanent deafness, resulted.

A case of blindness following carbon monoxid poisoning is reported by Abt and Witt.[5] A boy, five years of age, was unconscious for one and one-half hours from acute poisoning by illuminating gas. There was nausea and vomiting for several days and there were several generalized convulsive seizures. Several days later, there was external lagophthalmos, slight reaction of pupils to light, dilatation of retinal veins, and a retinal cyanosis present. One week later ophthalmoscopic examination showed optic neuritis. Fourteen days after the accident there was secondary optic nerve atrophy and total loss of vision.

Sibelius[6] reported a case of total blindness following carbon monoxid poisoning, and Purtscher[7] has reported a case of blindness in a man sixty years of age. No lesions were present in the fundus of the eyes and blindness was assumed to be due to hemorrhage or areas of softening in the visual centers.

A case of industrial blindness is reported by Thompson.[8] His patient, thirty years of age, had been employed in a large automobile garage and complained of failing vision. With the right eye he was able to count fingers at two feet. Vision in the left eye was 20/40. Visual field in the left eye was completely obliterated on the temporal side, and reduced for form and colors on the nasal side. Pupillary reaction was normal and there was no fundus pathology. Eight months later, vision in the right eye equalled counting of fingers at four feet. Vision in left eye equalled 20/30.

The National Industrial Conference Board[9] records a case of blindness in one eye and defective vision in the opposite eye, occurring in an automobile mechanic. According to medical testimony, the defective vision was due to exposure to gases created by the exhaust from automobile engines. In this case the Colorado Industrial Commission held that the employee's condition was due to repeated exposures to carbon monoxid gas, and was the result of "occupational disease," which is not covered by the compensation law. Claim for compensation was denied.

Fejer[10] reports a case of temporary blindness in a man sixty-two years of age, who fell into a tank containing coal gas. He was unconscious for several minutes and on regaining consciousness complained of disturbed vision. He could see to walk for about two days, and on the third day his sight disappeared. There was no paralysis of the external ocular muscles, pupils were equal and there were no fundus changes to be seen. Vision gradually improved and in three weeks his vision was normal in each eye, and visual fields showing but slight contraction.

A case of blindness due to illuminating gas is reported by Horvath.[11] The visual acuity improved to 5/50 in two months. The author assumes that the amaurosis was due to a hemorrhage or other encephalic lesion in the visual center.

Levy-Valensi, Claud and Rochard[12] report a case of amaurosis caused by a single exposure to carbon monoxid gas. The patient was in a coma for four or five days and on regaining consciousness there was a marked visual defect present. On examination of the eyes one year after the accident, there was slight dilatation of the pupils with retention of light reflexes, incomplete bilateral optic atrophy of the post-neuritic type, and remains of small juxtapapillary hemorrhages. Vision was about 1/50 in each eye.

The following case came under my observation at the University Hospital and is reported on account of the very unusual character of the ocular lesions and on account of the very unfortunate outcome.

Patient, male, aged 24, farmer, was entered at the University Hospital February 10, 1925, on account of impaired vision in the right and left eyes of two weeks' duration. On the day previous to the onset of blurred vision, he was exposed to the exhaust gas of a gasoline motor for two hours while working in his garage, and gave a history of similar exposures on several previous occasions. The onset of the blurred vision in the right eye was accompanied by the appearance of a yellow spot, which later changed to a darker blurred area in the field of vision. Two days after the appearance of the yellow spot in

the right eye, the left eye became similarly affected, a yellow spot appearing, which likewise became darker. In both eyes the blurred area appeared to have a revolving yellow halo around the periphery. He had diplopia at times, some nausea and vomiting, and headache.

On the day preceding his admittance to the University Hospital, he was registered at the out-patient department, where he was seen by Dr. McKinley and by Dr. Goss. Examination of the eyes at that time showed slight tenderness of the eyeballs on palpation, normal tension, injection of the bulbar conjunctivæ, inequality of the pupils, reaction to light and convergence clear, intraocular media clear, blurred disk margins, slightly contracted retinal arteries, and relatively engorged veins. Visual fields showed contraction, with sector defects, for red and blue; no scotoma was present and no enlargement of the blind spot. He was unable at this examination, or at subsequent ones, to distinguish green color. Vision in right eye was 20/200; left eye 10/200.

On admittance to the hospital a general physical examination showed lungs, heart, kidneys and abdomen negative; neurological examination was also negative. Blood analysis: urea nitrogen 12.13; creatinin 1.80; sugar .099; hemoglobin 97; red blood cells 4,700,000; white blood cells 8,200; polymorphonuclears 60 per cent; lymphocytes 36 per cent; large mononuclears 2 per cent; transitionals 2 per cent. Blood Wassermann was negative. Spinal fluid: clear with normal pressure; cell count 214, Nonne plus, Noguchi plus, Wassermann negative. Carbon monoxid hemoglobin with NaOH test, was positive. Two days later spectroscopic test for carbon monoxid hemoglobin was negative and NaOH test for carbon monoxid hemoglobin was also negative.

Ocular examination: Bulbar and palpebral conjunctivæ mildly injected; external ocular muscles normal; no ptosis and no nystagmus. Pupils were irregular; right pupil larger than left with sluggish reaction to light. Intraocular media clear. There was bilateral papilledema, contraction of the retinal arteries, and dilated veins. The retinæ presented a diffuse, grey-white opacity which extended uniformly throughout the fundus and was but slightly elevated; there was a retinal edema present. Vision was failing rapidly and he was able to distinguish moving objects but was unable to recognize individuals. When he left the hospital one week later, his vision was reduced to the perception of hand movements before right and left eyes. A few weeks after the patient left the University Hospital, he was examined by Dr. F. E. Burch, who found retinal edema and large massive vitreous exudates present. Vision at that time was perception of light. May 15, 1926, fifteen months after the onset of the eye involvement, this patient was re-examined by Dr. Burch and also by the writer. Ophthalmoscopic examination showed extensive chorioretinal lesions, without pigment, scattered throughout the fundus, and opacities in the vitreous. Vision in the right eye equalled 10/200, left eye equalled 2/200.

BIBLIOGRAPHY

1. Jour. Industrial Hygiene, July, 1924, 6, 102-109.
2. Forbes, Cobb, Fremont-Smith: Arch. Neurol. and Psychiat., 1924, 11, 264-281.
3. Wilmer, W. H.: Am. Jour. Ophth., 1921, 4, 73.
4. Shumway, E. A.: Am. Jour. Ophth., 1921, 4, 133.
5. Abt, J. A., and Witt, D. B.: Med. Clin. of No. Am., 1922, 5, 1645.
6. Sibelius: Quoted by Abt and Witt.
7. Purtscher: Quoted by Abt and Witt.
8. Thompson, H. M.: Colorado Med., 1922, 19, 145.
9. The National Industrial Conference Board: 1923, 7, 3.
10. Fejer, G.: Am. Jour. Ophth., 1924, 7, 522.
11. Horvath, B.: Zeit. f. Augenh., 1924, 52, 110.
12. Levy-Valensi, Claude and Rochard: Bull. et mem. Soc. Méd. d hôp. de Paris, 1924, 48, 349-351.

TUBERCULOSIS IN CATTLE DECREASING

According to an item in the July number of the *American Journal of Public Health*, the United States Bureau of Animal Industry has reported that tuberculosis in cattle seems to be on the decline. A survey completed on May 1, 1926, gives a reduction in the prevalence of the disease from 4 per cent in 1922 to 2.8 per cent in 1926.

CRYSTALLINE TUBERCULIN

The isolation of a crystalline protein with tuberculin activity has been reported. The crystallized product elicits the characteristic skin reaction in tuberculous subjects. Chemically, it is shown that wherever the activity is lost, following enzyme treatment, there occurs also a corresponding reduction in whole protein, with an increase in proteose and residual nitrogen. (Jour. A. M. A., Aug. 7, 1926, p. 417.)

MINNESOTA MEDICINE

OFFICIAL JOURNAL MINNESOTA STATE MEDICAL ASSOCIATION, SOUTHERN MINNESOTA MEDICAL ASSOCIATION, NORTHERN MINNESOTA MEDICAL ASSOCIATION, AND MINNEAPOLIS SURGICAL SOCIETY

Owned and Published by
The Minnesota State Medical Association
Under the Direction of Its

EDITING AND PUBLISHING COMMITTEE

R. E. FARR, M.D. Minneapolis
JOHN M. ARMSTRONG, M.D. St. Paul
L. B. WILSON, M.D. Rochester
A. A. LAW, M.D. Minneapolis
J. T. CHRISTISON, M.D., St. Paul

EDITORIAL OFFICE
CARL B. DRAKE, M.D., Editor
2429 University Avenue, Saint Paul

BUSINESS OFFICE
J. R. BRUCE, Business Manager
2429 University Avenue, Saint Paul
Telephone: Nestor 1381

All correspondence regarding editorial matters, articles, advertisements, subscription rates, etc., should be addressed to the Journal itself, not to individuals.
All advertisements are received subject to the approval of the Council on Pharmacy and Chemistry of the American Medical Association.
The rate for classified advertising is five cents per word with a minimum charge of $1.00 for each insertion. Remittance should accompany order. Display advertising rates will be furnished on request.

Subscription Price: $3.00 per annum in advance. Single Copies 25c. Foreign Countries $3.50 per annum.

Vol. IX OCTOBER, 1926 No. 10

EDITORIAL

The Practitioner and the Ophthalmoscope

The importance of the ophthalmoscopic examination in the practice of internal medicine has been repeatedly urged upon the profession by writers of text-books. Osler in the nineties said that it was remarkable in how many cases of interstitial nephritis the condition was diagnosed first by the ophthalmic surgeon. Christian and O'Hare say that the eyegrounds give so much information in the nephritic vascular diabetic and the brain-tumor patient, that the house officer and physician should use the ophthalmoscope with the same regularity as the stethoscope and they consider this easier to use intelligently than the latter. They devote four pages of Oxford Medicine to the consideration of eye changes in nephritis.

Fisher states that the acquirement of the necessary practical and theoretical knowledge is easy and within the reach of all, but finds that scarcely 2 per cent of the practitioners taking post-graduate courses from him know how to use the ophthalmoscope.

If the first statement is true, the second is not creditable to the profession.

On the other hand Houghton, who is in constant contact with ophthalmologists, takes issue with similar opinions. After getting answers to certain questions put to nine ophthalmologists, of various affiliations, "without assigning any reason for the inquiry," he concludes:

1. That to make a proper examination of the eyegrounds a mydriatic is necessary—as necessary as the removal of clothing for the use of the stethoscope. (Permission to use a mydriatic as a routine measure is certainly not easily obtainable outside of the larger clinics or the office of the specialist.)

2. That prolonged study, of some months, under competent instruction, at an institution dealing with a variety of patients in quantity, is necessary for the recognition of the more obvious and later forms of arterial degeneration in the retina. If followed by some years of regular and constant practice, the internist may come to recognize some of the earlier changes in the finer arteries of the fundus.

3. That the changes found are often of doubtful diagnostic significance.

Houghton feels that—apart from objections of an economic nature—the time spent in acquiring proficiency in ophthalmoscopy might be better spent in making oneself master of more useful knowledge.

Those of us who have striven—without notable success—to use the ophthalmoscope efficiently in the diagnosis of internal disease may, it would seem, console ourselves with the reflexion that most of the grapes are sour anyway.

H. B. A.

Physicians and the Press

Among the papers appearing in this issue of the journal is one dealing with the relations between members of the medical profession and the press by Herbert R. Galt, managing editor of the St. Paul Pioneer Press and Dispatch. Mr. Galt is perhaps peculiarly qualified to discuss this subject from both the standpoint of the press and the medical profession. Being a newspaper editor certainly qualifies him in discussing the viewpoint of the press and the difficulties encountered in presenting medical news to the public. Since his father was a surgeon in the

United States navy and later chief surgeon on the Confederate cruiser, Alabama, he undoubtedly absorbed, unconsciously perhaps, some of the medical viewpoint in his early youth.

Mr. Galt points out the great news value of medical progress. Certain it is that the public is much more interested in medical subjects than ever before. The observing physician, however, has seen so often the premature publication not only in the newspapers but even in medical journals of supposedly important discoveries only to see the perfected advances fail to stand the test of time that he depreciates early publicity of this sort. The premature publicity given to new drugs in recent years by such institutions as Johns Hopkins is most regrettable.

The control of the new product, insulin, on the other hand is a shining example of the proper method of bringing out a new product.

Advertising is contrary to the accepted ethics of all professions, the medical profession included. We all recognize the fact that most newspaper publicity, unless distinctly derogatory, is in reality a form of advertisement. It is no wonder then that the conscientious physician, desirous of playing the game according to the rules, should shy when approached by the newspaper reporter.

In the comparatively rare instances when the press wants authentic opinions on some medical subject there should be and is no ground for criticism when representative members of the profession give out the desired information. Witness the recent misunderstanding apparently due to incomplete newspaper reports of Valentino's fatal illness wherein our Dr. Charles H. Mayo took up the gauntlet flung down by Dr. Marco Porzio of Rome, in defence of American surgery.

The recent advocacy of the Detroit cancer-cure nostrum of Dr. William F. Koch of Detroit by a member of the profession is, however, a good example of the danger of unregulated medical publicity. Each community has its publicty hounds whose opinions seem to be more in demand by the press rather than the profession.

In response to the increased interest in medical subjects on the part of the public there has been a noticeable and proper change in the attitude of the profession. The appointment of publicity committees by county and state societies is probably the most satisfactory means of handling the situation.

OBITUARY

Dr. Ernest A. French

Dr. Ernest A. French of Plainview, Minnesota, died at the age of 48 years, Tuesday, August 17, 1926, at Rawlins, Wyoming.

Ernest A. French was born March 13, 1878, on a farm in Highland township, Minnesota, the son of Mr. and Mrs. Jacob M. French. He obtained his early education there and was graduated from the Medical School of the University of Minnesota in 1903.

He had practised at Plainview for twenty years, but had disposed of his practice and started west, on account of symptoms arising from arteriosclerosis and hypertension.

He was taken sick with an attack of appendicitis at Rawlins, Wyoming, while en route to Portland, Oregon. He was taken to the Military Hospital, where a ruptured appendix was found, and he died August 17, 1926.

Dr. French was a member of the Wabasha County and Minnesota State Medical Associations at the time of his death.

Dr. French is survived by his wife, two sons, Rockwell and Donald, a brother, Alden M., of Portland, Oregon, and two sisters, Fannie G., of Detroit Lakes, Minnesota, and Mrs. D. A. Robbins of Minneapolis.

The following resolution of condolence was passed by the Wabasha County Medical Society, of which he was a member for many years.

Having learned with deep regret of the death of one of our members, Dr. E. A. French, who died while en route from Plainview to Portland, Oregon, we, the members of the Wabasha County Medical Society, through the undersigned committee appointed by the president, take this means of expressing our condolences and sense of loss.

Doctor French during his residence at Plainview was an active and efficient member of the society—ever a conscientious practitioner devoted to his art. He was highly esteemed by his confreres, and we of the society mourn his loss, and sympathize with the family in their bereavement.

It is ordered that a copy of this resolution be sent to the bereaved widow; and that this action and resolution be spread upon the minutes of the society.

(Signed)

Dr. W. J. Cochrane,
Dr. E. H. Bayley,
Dr. W. F. Wilson,
Committee.
Dr. J. S. Collins,
President, Wabasha County Medical Society.

Dr. Milo E. Bushey

Dr. Milo E. Bushey, pioneer physician of Arlington, Minnesota, died at the age of 71 years, Saturday, August 28, 1926, at his home.

Dr. Bushey came to Minnesota from Ohio shortly after finishing his medical course at the St. Louis Medical College 43 years ago and helped found the town of Arlington. He started his practice as a physician

among pioneers in the sparsely settled territory, and became known as "the doctor who never fails to come," after he had repeatedly been prompt in his calls on his patients, in spite of howling snowstorms and long trips by horse and buggy through the wilderness.

The pioneer physician, at different times, served several terms as mayor of Arlington and president of the school board, and had been a leader in all community enterprises. He was a member of his county, state and national medical associations at the time of his death.

Dr. Bushey is survived by his wife, a daughter, Marie, both of Arlington, and a son, Richard Bushey of Howard Lake, Minnesota.

Dr. Edwin J. Lewis

Dr. E. J. Lewis, aged 78, father of Dr. C. B. Lewis of St. Cloud, and of Sinclair Lewis, world famous novelist, died at midnight, August 29, 1926, at his home at Sauk Centre. Although he had been in failing health for some time, the end came unexpectedly.

Edwin J. Lewis was born in New Haven, Connecticut, where he lived until he was about seven years of age, when the family removed to Harrisburg, Pa. He often told of how, as a boy of nine years, he heard the distant thunder of guns of the decisive battle of Gettysburg, which was fought only eighteen miles from Harrisburg. Confederate scouts frequently rode into Harrisburg during the progress of the battle until they were driven off by the union cavalry.

When he was 14 years old, the family removed to Elysian, a small town near Mankato, Minnesota, and there as a young man, previous to entering Rush Medical school, he taught in the country school.

Dr. Lewis was one of the oldest physicians in Stearns county. In him were all the graces, the geniality and kindness of the "country doctor." He was graduated from Rush Medical College in 1877 and settled in Ironton, Wisconsin, where he practiced his profession for six years. In 1883 he moved to Sauk Centre, where he practiced his profession almost up to the time of his death. In his long residence at Sauk Centre he became widely known and proved himself a typical and able family physician. He was a member of the Stearns-Benton Medical Society and of the state and national associations.

Dr. Lewis is survived by his three sons, Dr. C. B. Lewis of St. Cloud, Minn., Fred Lewis of Bertha, Minn., and Sinclair Lewis.

JOHN HOWLAND

The Council on Pharmacy and Chemistry publishes an appreciation of John Howland. By the death of John Howland, the Council has sustained a great loss; for he was a member whose devoted services were much valued and whose contributions to the scientific progress of medicine have been outstanding. The members of the Council mourn the loss of their colleague, and point to his services as an inspiration for all. (Jour. A. M. A., Aug. 14, 1926, p. 491.)

REPORTS AND ANNOUNCEMENTS OF SOCIETIES

SOUTHERN MINNESOTA MEDICAL ASSOCIATION

The annual meeting of the Southern Minnesota Medical Association will be held this year at Mankato, Minnesota, and will consist of a one day session, Monday, October 18. The morning session will be devoted to presentation of case abstracts by members of the Association followed by clinical demonstrations and papers. Governor Theodore Christianson will speak at the noon luncheon.

At the banquet to be served following the afternoon session the principal speakers will be Dr. Herman Johnson, President of the Minnesota State Medical Association, Dr. W. T. Coughlin, St. Louis, Missouri, and Dr. H. Winnett Orr, Lincoln, Nebraska.

Officers of the Association are: President, Dr. F. R. Huxley, Faribault; first vice president, Dr. J. S. Holbrook, Mankato; second vice president, Dr. A. H. Logan, Rochester; secretary-treasurer, Dr. H. T. McGuigan, Red Wing. Dr. A. G. Liedloff of Mankato is chairman of the Committee of Arrangements and Dr. J. T. Schlesselman of Mankato has charge of the Committee on Entertainment.

Program

8:30- 8:40	Session opens. Preliminary announcements.
8:40- 9:20	Presentation of Case Abstracts by Members of Association.*
9:20-10:00	Clinical Demonstrations of Cases of Diabetes Mellitus. A. E. Sohmer, M.D., Mankato, Minn., and H. J. Lloyd, M.D., Mankato, Minn.
10:00-10:25	Periodic Health Examination, Practical Demonstration. A. M. Snell, M.D., Rochester, Minn.
10:28-10:43	Recent Observations Concerning Urinary Tuberculosis. G. J. Thomas, M.D., Minneapolis, Minn., Asst. Prof. Urology, Univ. of Minn.
10:45-11:00	*X*-ray of Bones in Pediatrics. T. L. Birnberg, M.D., St. Paul, Minn.
11:03-11:18	Treatment of Otitis Media in Infants and Children. C. W. Rumpf, M.D., Faribault, Minn.
11:20-11:30	Discussion of Two Preceding Papers. F. W. Schlutz, M.D., Minneapolis, Minn., Prof. of Pediatrics, Univ. of Minn.
11:33-11:48	The Control of Infections in Injuries to Bones and Joints. (Motion Pictures) H. W. Orr, M.D., Lincoln, Nebraska.
11:50-12:05	State Medicine in Germany. G. Schnarruberger, M.D., Rollingstone, Minn.
12:15-12:25	The Nature of Glossitis in Pernicious Anemia. J. P. Schneider, M.D., Minneapolis, Minn., Asst. Prof. of Medicine, Univ. of Minn.
	LUNCHEON
1:30- 1:45	President's Address. F. R. Huxley, M.D., Faribault, Minn.
1:48- 2.03	Ileostomy in Acute Peritonitis. C. J. Holman, M.D., Mankato, Minn.

*The Program Committee urges the members of the Southern Minnesota Medical Association to bring in case abstracts of not over one hundred words, such abstracts to be presented by the doctor himself, or, if he wishes, by the presiding officer. The following men will discuss the various phases of cases.

Internal Medicine by Dr. J. P. Schneider; Pediatrics by Dr. F. W. Schlutz; Orthopedic Surgery by Dr. H. W. Orr; Neurology by Dr. G. B. Kamman; Neurological Surgery by Dr. A. W. Adson; Genito-Urinary Surgery by Dr. G. J. Thomas; General Surgery by Dr. Edmund Andrews.

2:05- 2:20 Alcohol and Its Effect on the Nervous System.
G. R. Kamman, M.D., St. Paul, Minn., Asst. in Dept. of Nervous and Mental Diseases, Univ. of Minn.

2:23- 2:38 Title to be announced.
W. T. Coughlin, M.D., St. Louis, Mo., Prof. of Surgery, St. Louis University.

2:40- 2:55 Rectal Complications in Pregnancy.
W. A. Fansler, M.D., Minneapolis, Minn.

3:00- 3:15 Cancer Problems.
W. J. Mayo, M.D., Rochester, Minn.

3:18- 3:33 Intravenous Therapy.
J. A. McIntyre, M.D., Owatonna, Minn.

3:35- 3:50 Surgical Treament of Gastric and Duodenal Ulcer.
R. C. Coffey, M.D., Portland, Ore., Pres. Western Surgical Association.

3:53- 4:08 Difficulty of Adjustment During the Adolescent Period.
G. Donohoe, M.D., Cherokee, Iowa, Supt. Cherokee State Hospital.

4:10- 4:25 Immunization Against Scarlet Fever and Diphtheria with Detoxified Toxin.
W. P. Larson, M.D., Minneapolis, Minn., Prof. of Bacteriology, Univ. of Minn.

4:28- 5:20 A Symposium on Surgery of the Sympathetic Nervous System in the Treatment of Vascular Disturbances.
E. Andrews, M.D., Chicago, Ill., Asst. Prof. of Surgery, Univ. of Illinois.
A. W. Adson, M.D., Rochester, Minn.
G. E. Brown, M.D., Rochester, Minn.

5:20 Business meeting with Election of Officers.

INTER STATE POST GRADUATE ASSEMBLY OF NORTH AMERICA

The annual meeting of the Inter State Post Graduate Assembly will be held in the Municipal Auditorium at Cleveland, October 18 to 22 inclusive. Pre-assembly clinics will be held in the Cleveland hospitals October 14 to 16 inclusive. All members of state or provincial societies are eligible to membership and are cordially invited to attend the meeting in Cleveland.

Clinics will begin at 7 a. m. daily and will continue throughout the morning, afternoon and evening. Clinics and addresses will be furnished by well known authorities not only from the United States but from Canada and abroad.

MINNEAPOLIS SURGICAL SOCIETY

The first meeting of the 1926-1927 session of the Minneapolis Surgical Society will be held Wednesday, October 13, at the library rooms of the Hennepin County Medical Society, in the Donaldson Building, Minneapolis, at eight o'clock in the evening.

The speaker of the evening will be Dr. Robert C. Coffey, of Portland, Oregon. His address will be on the subject "Surgical Treatment of Cancer of the Rectum." All physicians are cordially invited.

STEARNS-BENTON COUNTY MEDICAL SOCIETY

Twenty-nine members were present at the August meeting of the Stearns-Benton County Medical Society, which was held at Paynesville, Minnesota, Thursday, August 26, 1926. Dr. P. C. Pilon acted as host to the members of the society at dinner, which was followed by a scientific program, composed of the following papers:

Double Empyema of the Antrum—Dr. Thomas Fleming, St. Cloud.

Discussion: Dr. J. J. Gelz, St. Cloud.

Trichinosis—Dr. F. S. Richardson, Belgrade.

Acute Abdomen—Dr. R. N. Jones, Richmond.

Discussion: Dr. Charles F. Brigham, St. Cloud.

Demonstration of Specimens—Dr. P. C. Pilon, Paynesville.

The September meeting was held at Clearwater, Thursday, September 23, members of the society being the guests of Dr. E. M. Kingsbury.

MINNESOTA ACADEMY OF MEDICINE

At the meeting of the Minnesota Academy of Medicine held September 15 at the Town and Country Club, St. Paul, the following officers were elected for the coming year: President, Dr. Frank E. Burch, St. Paul; vice president, Dr. John E. Hynes, Minneapolis; secretary-treasurer, Dr. Carl B. Drake, St. Paul.

TRAVEL STUDY CLUB OF AMERICAN PHYSICIANS

At the completion of its recent European Study Tour, the Travel Study Club of American Physicians elected Dr. Fred H. Albee of New York as President, Drs. Edward B. Heckel of Pittsburgh and John P. Lord of Omaha as Vice-Presidents, and Dr. Richard Kovacs of New York as Secretary.

Plans are being prepared for the next study trip, including the Central European countries: Germany, Austria, Czechoslovakia, Hungary and Italy.

CAMP RELEASE MEDICAL SOCIETY

The annual meeting of the Camp Release District Medical Society was held at Granite Falls, Friday afternoon and evening, September 3.

The officers elected for the ensuing year were: President, Dr. A. A. Passer, Olivia; vice president, Dr. M. A. Burns, Milan; secretary-treasurer, Dr. L. H. Holmberg, Canby (re-elected).

Following the election the scientific program was given. Dr. J. T. Christison, of St. Paul, held a pediatric clinic and followed with an address on "Problems on Infant Feeding." Dr. S. Franklin Adams, of the Mayo staff, Rochester, gave a clinic on Cardio-vascular-renal Disease, and Dr. George B. Eusterman, of the Mayo Clinic, held a clinic on Gastro-intestinal Disturbances. Following the dinner, which was served at 7 p. m., Dr. Eusterman gave an interesting address on the subject of Gastro-intestinal Diseases, including Cancer, illustrated by lantern slides.

Camp Release is one of the largest societies of the state, including Sibley, Chippewa, Renville, Lac Qui Parle, and Yellow Medicine counties.

OF GENERAL INTEREST

Dr. Hamline Mattson has announced the opening of offices at 808 Physicians and Surgeons Building, Minneapolis.

Dr. I. D. Tiedemann, formerly of Heron Lake, is now located in Champaign, Illinois, where he moved early in September.

Dr. George McL. Waldie, formerly superintendent of the Buena Vista Sanatorium at Wabasha, Minnesota, is now associated with the Houghton County Sanatorium, Houghton, Michigan.

Dr. Lloyd H. Ziegler, who has been associated with the Section of Neurology, Mayo Clinic, Rochester, has become a member of the staff of the Colorado Psychopathic Hospital, Denver, Colorado.

Dr. A. C. Strachauer, of Minneapolis, has gone East to attend the International Cancer Symposium, which is being held at Lake Mohonk, N. Y., under the auspices of the American Society for the Control of Cancer.

Dr. Frœdrich von Müller, Professor of Clinical Medicine, University of Munich, was in Rochester the week of September 20 to give a series of Mayo Foundation lectures on various medical subjects, including goiter, postencephalitis, gout, and nephritis and nephrosis.

Dr. Edouard Rist of Paris and Sir Henry Gauvain of Alton, England, will come to Rochester the middle of October to give Mayo Foundation lectures. Both men are coming to this country to attend the International Tuberculosis Congress and the meeting of the National Tuberculosis Association.

Dr. Lee Monroe Miles has recently returned to the United States from an eight year's sojourn in China. Dr. Miles spent four years in the Mission Hospital in Shantung province and for the past four years was Associate in Obstetrics and Gynecology at Peking Union Medical College, Rockefeller Foundation. Dr. Miles has opened offices in the Hamm building in St. Paul for the practice of his specialty.

Construction of the new clinic building at the Mayo Clinic, Rochester, is now under way. The site is adjacent to the old clinic building, which will be used for administrative purposes. The design of the building is a modern adaptation of Romanesque architecture. The first two stories will be of stone. Eight floors of the building will be used largely for clinical examination. The eleventh floor is to be given over to library use and the twelfth floor will be principally a large assembly room.

Dr. C. N. Hensel, who has been abroad since April, has returned to his practice in St. Paul. Dr. Hensel spent some time in Hamburg, Munich and the Austrian Alps. The major part of his time, however, was occupied with postgraduate study in the medical school of the University of Vienna. Dr. Joseph Gehlen, who had charge of Dr. Hensel's practice in his absence, will continue the practice of internal medicine as an associate of Dr. Hensel.

Dr. Leo G. Rigler of Minneapolis left the first of September for Stockholm, Sweden, where he will do postgraduate work for a year under the direction of Dr. Gosta Forssell. Dr. Rigler is to be succeeded in his work as director of the *X*-ray Department of the Minneapolis Clinical Association by Dr. Walter H. Ude, formerly head of the *X*-ray Department at the Northern Pacific Hospital, St. Paul. Dr. Ude was associated with Dr. Rigler at the General Hospital in Minneapolis and will succeed him there as Roentgenologist.

HEALTH DAYS IN SOUTHERN MINNESOTA

The Minnesota State Medical Association, through Dr. George Earl, Health Day sub-chairman of the Public Health Education Committee, and Dr. E. A. Meyerding, state secretary, has arranged for a series of four Health Day programs to be given in Southern Minnesota cities with the purpose of acquainting the public with the truth about health.

Coöperating in promoting the program will be: the Minnesota Public Health Association, State Board of Health, University of Minnesota Medical College, and the Minnesota State Medical Association.

The four cities visited, which will draw from the surrounding communities, will be Blue Earth, October 26; Fairmont, October 27; Pipestone, October 28, and Worthington, October 29.

Physicians will be brought to each place to give short talks on pre-natal hygiene, vaccination as a disease preventive and other health topics.

Morning programs will be largely for the children in schools, where Chew Chew, the Health Clown, will give them his own form of "lectures" on how to retain soundness of body. During the afternoon and evening meetings health exhibits will be shown and films thrown upon the screen illustrating facts pointed out in the talks. A health playlet and other instructive entertainment will be among the incidental features.

Strong local committees have been appointed in each city consisting of many of the most prominent citizens who show marked enthusiasm to have the Health Day program an unqualified success.

NEW AND NON-OFFICIAL REMEDIES

The following articles have been accepted by the Council on Pharmacy and Chemistry:

THE GILLILAND LABORATORIES, INC:

Antistreptococcic Serum, 20 c.c.

LEDERLE ANTITOXIN LABORATORIES:

Poison Oak Extract-Lederle (In Almond Oil)

Poison Oak Extract-Lederle (In Almond Oil), 1 c.c.

LEHN & FINK, INC.:

Pituitary Substance-L. & F. Desiccated

Tablets Pituitary Substance-L. & F. Desiccated, 0.5 grain

Anterior Pituitary-L. & F. Desiccated

Tablets Anterior Pituitary-L. & F. Desiccated, 1 grain

Posterior Pituitary-L. & F. Desiccated

Tablets Posterior Pituitary-L. & F. Desiccated. 0.1 grain

ELI LILLY & COMPANY:
Diphtheria Antitoxin, Purified, Concentrated-Lilly
H. K. MULFORD COMPANY:
Ivyol
Hypo United Ivyol, 0.7 c.c.

E. R. SQUIBB & SONS:
Erysipelas Streptococcus Antitoxin Concentrated-Squibb, 15 cc.

Ivyol.—A solution in olive oil of an irritant or vesicant oil extracted from the fresh leaves of poison ivy. Ivyol is used to relieve the symptoms of the dermatitis produced through contact with poison ivy. It is marketed in "Hypo Units," collapsible syringe containers, each containing 0.7 c.c. of ivyol. H. K. Mulford Co., Philadelphia.

Pituitary Extract-Lederle 20 Units.—A slightly acid aqueous solution containing the water-soluble principle or principles of the fresh posterior lobe of the pituitary body of cattle, free from preservative. It is standardized to have twice the strength of solution of pituitary-U. S. P. X. For a discussion of action, uses and dosage, see New and Non-official Remedies, 1926, pp. 281 and 283. The product is supplied in 1 c.c. ampules. Lederle Antitoxin Laboratories, New York. (Jour. A. M. A., Aug. 14, 1926, p. 491.)

Erysipelas Streptococcus Antitoxin.—An antitoxic serum prepared by immunizing animals against the toxin of the hemolytic streptococci of erysipelas. Reports have been published which indicate that the injection of erysipelas streptococcus antitoxin favorably affects the course of erysipelas.

Erysipelas Streptococcus Antitoxin-Mulford.—This antitoxic serum is obtained by injecting horses intradermally with strains of hemolytic streptococci isolated by H. Amoss from human cases of erysipelas lesions, bleeding the horses, and, when test bleedings show the serum to have reached the desired potency, separating the serum, sterilizing and preserving it. The product is marketed in 100 c.c. vials. H. K. Mulford Co., Philadelphia.

Oscodal.—A preparation of the non-saponifiable fraction of cod liver oil, containing the antiophthalmic and antirachitic fat-soluble vitamins. It has 500 times the antiophthalmic potency of cod liver oil when assayed by the method of the U. S. P. for cod liver oil, and its antirachitic potency is such that 0.02 Gm. per day will initiate recalcification in the leg bones of young albino rats. Oscodal possesses properties similar to those of cod liver oil so far as these depend on the fat-soluble vitamin content of the latter. Oscodal is supplied in tablets containing 0.02 Gm. H. A. Metz Laboratories, Inc., New York.

Pituitary Substance-L. & F. Desiccated.—The pituitary gland of cattle, including the infundibulum and the anterior and posterior lobes, dried and powdered. For a discussion of the actions and uses, see Pituitary Gland, New and Non-official Remedies, 1926, p. 281. The product is also supplied in 1.5 grain tablets. Lehn & Fink, Inc., New York.

PROGRESS

Abstracts to be submitted to Section Supervisors.

Members are urged to abstract valuable articles which they run across in their reading and send the abstracts to the physicians in charge of the respective sections. In order to avoid duplication it would be well to communicate with one of the section supervisors before the article is abstracted.

GYNECOLOGY AND OBSTETRICS

SUPERVISORS:
ARCHIBALD L. McDONALD,
FIDELITY BLDG., DULUTH
L. W. BARRY,
LOWRY BLDG., ST. PAUL

MATERNAL MORTALITY; THE RISK OF DEATH IN CHILDBIRTH AND FROM ALL DISEASES CAUSED BY PREGNANCY AND CONFINEMENT: Robert Morse Woodbury (U. S. Department of Labor, Children's Bureau Publication No. 158). Recently there has appeared a publication from the Children's Bureau, United States Department of Labor, Bureau Publication No. 158, price twenty-five cents. The complete title of this publication is "Maternal Mortality; the Risk of Death in Childbirth and from All Diseases Caused by Pregnancy and Confinement," by Robert Morse Woodbury.

Dr. Woodbury has made an extensive statistical study and analysis of factors entering into puerperal mortality. He has published these analyses in this pamphlet of 163 pages which is carefully arranged and also well indexed.

The author has brought together the available statistical material of this country and of foreign countries. He considers the high mortality rates in the United States and finds that they are among the highest in the civilized world and that there has been but a slight decrease in these rates since the beginning of the present century. The significance of these facts is of national importance, due to the loss of the lives of many women who are in their prime and the associated loss of infant lives. The author states that a considerable proportion of infant deaths under one year of age occur during the first month of life, and approximately 100,000 infants die annually under one month of age. He also states that about 100,000 stillbirths occur annually, and concludes that the same measures that should be instituted to save the lives of mothers will also contribute toward the saving of these fetal lives. The author states the annual number of maternal deaths on the basis of the 1921 birth-registration area to be 18,281. He thinks probably that the error in these cases is about 12 per cent, which would make the actual number nearer 20,000 women. The maternal mortality rate for 1921 was 6.8 per 1,000 live births, and the provisional rate for 1924 was 6.6. The trend of the maternal mortality rate since 1900 shows an increase

from 13.3 per 100,000 population in 1900 to 16.9 in 1921. The comparison with other countries shows that the United States ranks with those having the highest rates, such as New Zealand and Chile. Among the countries having less than half this rate are Denmark, Finland, Italy, Japan, the Netherlands, Norway, Sweden, and Uruguay.

The author also considers the causes of maternal mortality. He considers the economic factors, compares the city and country rates, and concludes that maternal mortality is largely preventable. He makes certain recommendations for the prevention of maternal mortality and outlines the following preventive program:

(1) Regulation of the practice of obstetrics, by requiring a license to practice from both physicians and midwives, by establishing minimum requirements for obtaining such a license, and by defining and prescribing penalties for malpractice.

(2) Regulation of public and private hospitals and maternity homes through legal provisions governing the establishment of such institutions and requiring that they be licensed and subject to inspection.

(3) Legislation for the control of venereal diseases including the making of these diseases reportable.

(4) Requiring that puerperal septicemia be made reportable, as is now the case in a number of States.

(5) Provision through Governmental or public sources of better facilities for training medical and nursing personnel and more adequate clinics, hospitals, and maternity homes.

(6) Subsidies in aid of State or local activities by Federal or State governments, as in the United States during the past four years through the Maternity and Infancy Act.

(7) Educational work directed toward informing mothers of the need of adequate maternity care.

FRED L. ADAIR, M.D.

PEDIATRICS

SUPERVISORS:

CHESTER A. STEWART,
LA SALLE BLDG., MINNEAPOLIS

ROY N. ANDREWS,
MANKATO CLINIC, MANKATO

THE DIAGNOSIS OF INCIPIENT TUBERCULOSIS IN CHILDREN: Wm. Henry Donnelly, M.D. 1926). Little has been said or written that is helpful in diagnosing tuberculosis in children. The diagnosis of tuberculosis in its incipiency in children still remains an enigma. It is logical to believe that childhood tuberculosis is the forerunner of the adult type. Tuberculosis in adults is in the fullest sense of the word a children's disease.

That a positive tuberculin test reveals a latent tuberculous infection is unquestioned. It is also conceded that a positive tuberculin test in an infant and very young child usually implies an active tuberculous process. Tuberculosis of childhood, particularly between the ages of 5-10 years, is a disease of the lymph glands, involving mostly the tracheobronchial glands. Apical lesions rarely occur before 10 years of age. If one awaits the presence of physical signs in the chest and tubercle bacilli in the sputum to diagnose tuberculosis in childhood, he will diagnose the advanced cases.

X-ray helps us little in the diagnosis of incipient hilum tuberculosis. It is well to remember that there are many causes for tracheobronchial adenitis, as whooping cough, measles, bronchopneumonia, influenza, chronic bronchitis, lues, Hodgkin's, asthma.

Those with an incipient tuberculous infection were well nourished. John Lovett Morse states that tuberculosis is seldom the cause of malnutrition. The role that bovine infection plays in tuberculosis has been greatly exaggerated at the expense of contact infection.

Debre concludes that we should always suspect tuberculosis in an infant or child if another member of the family has it. Too much time and space cannot be devoted toward emphasizing the importance of the spread of tuberculosis by human contact.

R. N. ANDREWS, M.D.

CALCIUM LACTOPHOSPHATE IN ACETONEMIC VOMITING: Crawford R. Green, M.D. (Archives of Pediatrics, August, 1926). In making this report regarding what the author believes to be the cure for cyclic or acetonemic vomiting, he does not intend to burden you with any consideration of the treatment of the attack itself. The continued nausea and vomiting which persists for hours and days; the inability to retain anything, even water, except by the rectal route; the frightful exhaustion of the patient; the panic of the parents and the dismaying futility of our efforts to give relief are well known conditions.

For the most part our so-called preventive treatment has hitherto consisted of two factors: (1) the reduction of the intake of fat in the diet, particularly milk fat; (2) the regular administration of sodium bicarbonate, which is usually given in doses about 20 grains twice or thrice daily over a long period of time.

There seems to be an association between cyclic vomiting and migraine, and it is stated by most observers that the child who is a cyclic vomiter has the unhappy outlook of becoming a subject of migraine in later life.

In March, 1920, the author began the administration of calcium lactophosphate, two grains three times daily. This treatment was continued without interruption for about twenty months. There were no attacks after the beginning of treatment in the case which was under treatment. Many other cases were treated with calcium lactophosphate with the same result.

The cases that the author reported are all cases in which the diagnosis has been proved and which have been under observation long enough to warrant a definite conclusion as to the outcome. He has treated no patient in which the result has not been entirely successful, and from among the physicians whom he has endeavored to interest in the treatment, no failures have yet been reported to him.

R. N. ANDREWS, M.D.

BOOK REVIEWS

BOOKS RECEIVED FOR REVIEW

CANNULA IMPLANTS AND REVIEW OF IMPLANTATION TECHNICS IN ESTHETIC SURGERY. Charles Conrad Miller, M.D. 178 pages. Illus. Cloth, $2.50. Chicago: Oak Press, 1926.

ELECTROTHERMIC METHODS (DESICCATION AND COAGULATION) IN THE TREATMENT OF NEOPLASTIC DISEASES. J. Douglas Morgan, B.A., M.D., formerly Radiologist, Ross Pavilion, Royal Victoria Hospital, Montreal. 172 pages. Illus. Cloth, $2.50. Philadelphia: F. A. Davis Company, 1926.

SURGERY OF NEOPLASTIC DISEASES BY ELECTROTHERMIC METHODS. George A. Wyeth, M.D., New York 298 pages. Illus. Cloth, $7.50. New York: Paul B. Hoeber, 1926.

THE DUODENAL TUBE AND ITS POSSIBILITIES. Max Einhorn, M.D. 2nd edition, revised and enlarged. 206 pages. Illus. Cloth, $3.00. Philadelphia: F. A. Davis Company, 1926.

PRACTICAL MATERIA MEDICA AND PRESCRIPTION WRITING. Oscar W. Bethea, M.D., Ph.G., F.C.S. 4th revised edition. 498 pages. Illus. Cloth, $4.50. Philadelphia: F. A. Davis Company, 1926.

LIFE INSURANCE EXAMINATION. Frank W. Foxworthy, M.D. 738 pages. Illus. Cloth $9.00. St. Louis: C. V. Mosby Co.

This book is by fifty authors, dealing with all phases of the medical side of life insurance. For the most part the writers are medical directors of the large insurance companies, but the mortality figures, for instance, are presented by an actuary, the chapters on postoperative risks by surgeons, while a lawyer discusses the legal aspects of the examination.

It is a very comprehensive work, including within its scope a history of insurance, the organization of medical departments and many hundred pages on the technic of examination. There are chapters on group insurance, industrial insurance, fraternal and health and accident insurance, on tropical insurance and the insurance of sub-standard risks.

Then there are chapters dealing with the effect of each disability on the life expectancy of the applicant. This information comes from a trieless study of statistics. The length of life, for instance, varies inversely as the length of the waist line and the men who are 0 pounds overweight, will after the age of 30, show a constantly increasing mortality, until at the age of 58 they are dying at a rate of 7 years ahead of their normal expectancy. Similar statistics show the effect of alcoholism, the tuberculous family history and hazardous occupations.

Thus, although essentially a guide for examiners, this book contains valuable instruction for any doctor in the fine art of prognosis.

G. E. HARMON, M.D.

MODERN METHODS OF AMPUTATION. Thomas G. Orr, Professor of Surgery, University of Kansas, St. Louis: C. V. Mosby, 1926.

Dr. Orr's manual on Modern Methods of Amputation is concise and thorough. The subject is well illustrated and orderly arranged; no time or space is lost discussing non-essentials. The author stresses, first, the general field of amputation and the treatment of muscle, fascia, nerve, etc. This is followed by a chapter devoted to the upper extremity and another chapter to the lower extremity. Cinemate-plastic amputation is considered in a brief but instructive manner, very well illustrated. The closing chapter, devoted to the study of artificial limbs and the importance of proper fiting, illustrated with interesting drawings and photographs, adds to the value of this book.

Modern Methods of Amputation is well done; it presents the subject in an interesting and intelligent manner and leaves the reader better prepared to cope with the problem of amputation. The author deals with the essentials and stresses the importance of amputation with function.

A. E. FLAGSTAD, M.D.

OPERATIVE SURGERY. J. Shelton Horsely, M.D., F.A.C.S., Attending Surgeon, St. Elizabeth's Hospital, Richmond, Virginia. Cloth. Price $12.50, 784 pages with 666 original illustrations. St. Louis. The C. V. Mosby Company, 1924.

This work covers the field of operative surgery in a very comprehensive manner. The text is to the point and is ably augmented by very artistic and instructive illustrations.

This is a very practical book and would be a valuable addition to the library of any physician or surgeon.

E. M. JONES, M.D.

Minnesota State Medical Association

FIFTY-EIGHTH ANNUAL MEETING

May 17, 18 and 19, 1926

SAINT PAUL, MINNESOTA

PROCEEDINGS OF THE HOUSE OF DELEGATES. FIRST MEETING—MAY 17, 1926

The first session of the House of Delegates was called to order at two-fifteen p. m. by the President, Dr. H. M. Johnson.

THE SECRETARY (Dr. E. A. Meyerding): The President has appointed a Credentials Committee consisting of the following: Drs. Hunt, Will, Adams, LaVake and Albert Schulze.

THE PRESIDENT: There is one thing that we want to impress upon each and every one of you, that is that the discussions here are not for publication. We also want to see that there is no one here who is not a member of the profession. We have a Sergeant-at-Arms at the door.

The first thing in order will be acceptance of the minutes of the last session as transcribed by the official reporter and published in MINNESOTA MEDICINE for July, 1926.

DR. W. A. JONES (Minneapolis): I move they be accepted and considered read and adopted.

The motion was seconded by Dr. H. M. Workman and carried unanimously.

THE PRESIDENT: Next is the report of the Chairman of the Council.

Dr. H. M. Workman, Chairman of the Council, read his report, which was adopted on motion regularly made and seconded, carried unanimously.

REPORT OF THE COUNCIL

The meeting of the council was held May 17, 1926. in the office of the Secretary, 11 West Summit Avenue, Saint Paul.

Members present:

Drs. H. M. Workman, G. S. Wattam, J. G. Millspaugh, F. J. Savage, W. H. Condit, L. Sogge, F. A. Dodge, W. F. Braasch, E. A. Meyerding, Earle R. Hare, W. A. Coventry.

Meeting called to order by Dr. Workman.

Dr. Savage brought up the matter of the Constitution. Same was read and discussed at length by the Council, and it was to be presented to the House of Delegates at the afternoon meeting.

The Secretary, Dr. Meyerding, had an opinion from Mr. Oppenheimer, Council for the State Association, in which he stated that the Constitution could not be adopted at this session, but must lay over for a year; that same could be presented at this session; that the By-laws after being read at one meeting may be adopted at the next.

Dr. Charles Bolsta reported on the Basic Science Bill, and it was the opinion of the Council that it be presented to the House of Delegates as it stood.

A letter from the American Medical Association in regard to the Narcotic Bill was read, and referred to the House of Delegates with a recommendation that it be referred to the Legislative Committee.

The treasurer's report was read by Dr. Earle R. Hare. Motion was made, seconded and carried that it be adopted subject to the report of the auditor.

It was suggested that the books of the Secretary and Treasurer be audited up to the first of January, 1926.

THE PRESIDENT: Next is the Secretary's report, with the report of the attorneys included.

THE SECRETARY: We have just had a telegram that will be interesting to all of you, addressed to the Secretary of the Minnesota Medical Association:

> "His Excellency the Governor Alfred Smith signed amendment to medical practice act eleven-fifteen this evening, Chapter 834, Laws of 1926. We now have in this state what may be fairly considered a model medical practice act.
>
> "(Signed) Augustus Downing, New York."

The Secretary read his report, and the report of the attorneys for the period from April, 1925, to April, 1926.

REPORT OF THE SECRETARY

Active membership of this Association May 15, 1926, was 1,919.

Following is a list of the membership by Societies:

Blue Earth County	28
Blue Earth Valley	22
Camp Release District	40
Central Minnesota District	18
Chisago-Pine County	17
Clay-Becker County	15
Dodge County	7
Freeborn County	19
Goodhue County	17
Hennepin County	458
Houston-Fillmore	25
Kandiyohi-Swift	15
Lyon-Lincoln County	19

McLeod County	14
Meeker County	8
Mower County	24
Nicollet-LeSueur County	17
Olmsted County	224
Park Region	34
Ramsey County	320
Red River Valley	53
Redwood-Brown	23
Rice County	28
Saint Louis County	167
Scott-Carver	19
S. W. Minnesota District	51
Stearns-Benton	47
Steele County	14
Upper Mississippi	64
Wabasha County	12
Waseca County	12
Washington County	14
Watonwan County	6
West Central	27
Winona County	23
Wright County	18

On December 31, 1926, the total membership numbered 2,013, and it will, no doubt, exceed that number by the end of this year.

LOCAL SOCIETIES VISITED

During the past year your secretary has visited the following Medical Societies and towns on business of the State Medical Association:

Camp Release District Medical Society.
Southwestern Minnesota Medical Society.
Freeborn County Medical Society.
Mower County Medical Society.
Winona County Medical Society.
Steele County Medical Society.
Waseca County Medical Society.
Wabasha County Medical Society.
Goodhue County Medical Society.
Rice County Medical Society.
Scott-Carver County Medical Society.
Ramsey County Medical Society.
Hennepin County Medical Society.
Chisago-Pine County Medical Society.
Blue Earth County Medical Society.
Nicollet-LeSueur County Medical Society.
Park Region District Medical Society.
Upper Mississippi Medical Society.
Northern Minnesota Medical Society.

Numerous trips were made to Minneapolis to attend meetings of the University Extension Committee and other Association matters. Visits were made to New Ulm, Tracy, Minneota, Marshall, Rochester (several times) and Chicago twice (A. M. A. and Secretaries' Conference). Calls were made on Dr. Oppegaard, Crookston, Secretary of the Red River Valley Medical Society; Dr. H. M. Johnson at Dawson, Dr. Wattam at Warren, Dr. Millspaugh at Little Falls and Dr. Hirschboeck at Duluth. In addition your secretary has made numerous other visits in the interest of the State Association in other parts of the State.

We have always felt the necessity and importance of having a permanent headquarters for the State Association. Nevertheless, our experience has been a surprise to us. The volume of business and matters that seemed important to the members of the profession were beyond our conception.

UNETHICAL PRACTICE

Numerous communications have been received relative to the privileges of the cults, licensed medical quacks, Indian healers, conviction of medical men for practice of optometry, and many other similar questions.

Your secretary gives the inquirers such information as he has available and refers the letters to the proper legal source, such as the State Board of Medical Examiners and the various committees of the Minnesota State Medical Association. Our counsel, Mr. Oppenheimer, has frequently given us legal opinions upon these questions without charge. In addition, we are compiling considerable information in the office.

SPECIAL ASSESSMENT

Special assessment of $5.00 has been collected from 2,027 members. It will be noted that instead of a decrease in membership there has been an increase.

COMMITTEES

The Medical profession can be justly proud of the activity of its members. Your committees have held numerous sessions, with the majority of the members present at each session. They have served faithfully without regard for time or expense.

The officers and committees have tried to do everything possible to make the meeting a success. Suggestions and constructive criticism calculated to make future meetings more useful will be welcomed by any of the officers.

COMPONENT SOCIETIES

There seems to be a marked increase in interest in the Component Societies, both in number of meetings held and the attendance of its members. This should be encouraged, as the strength of the State Association depends upon its component units.

NEW TYPES OF MEETINGS

Two new types of meetings have been held in many parts of the State.

1. The Medical Economic Meetings, which should be repeated at least annually, and
2. The Scientific Meetings, where the local men read the papers and the visitors conduct the discussion.

These two features with the supper or dinner have made most attractive programs.

MINNESOTA PUBLIC HEALTH ASSOCIATION

It would not have been possible to carry on our activities to date if it had not been for the Minnesota Public Health Association placing its resources at the service of the medical profession.

The secretary desires to acknowledge the hearty coöperation and assistance of all members of the Association, especially of its officers, the President, Dr. H. M. Johnson, the first vice president, Dr. W. F. Braasch, and the treasurer, Dr. Earle R. Hare.

GENERAL FUND

January 1, 1925-December 31, 1925

	Amount Appropriated	Disbursements	Deficit	Credit
Medical Defense	$4,026.00	$4,778.49	$ 752.49	
Minnesota Medicine	4,026.00	13,040.73		$1,410.65
Note: Minn. Med. turned over to MSMA $10,425.38.				
ADMINISTRATION	$2,013.00			
Salaries and MPHA		3,100.00		
Annual Meeting		1,020.20		
Legislation		500.00		
Radio and Publicity		57.00		
Council Expense		171.35		
Miscellaneous: Steno., printing, postage, etc.		740.13	3,575.68	

	Receipts	Disbursements
Total Amount Collected 1925 as follows	$29,627.74	
Minnesota Medicine	$10,425.38	
Medical Protective	1,000.00	
Special Assessment	8,115.00	
Dues	10,086.00	
Miscellaneous (Post Cards)	1.36	
	$29,627.74	
Total Amount Spent 1925 as follows		$25,888.77
MSMA General	$10,367.17	
Revolving Fund	100.00	
Minnesota Medicine	13,040.73	
Educational	2,380.87	
	$25,888.77	
		Credit $3,738.97

EDUCATIONAL FUND

May 1925-Dec. 31, 1925	$8,115.00	$1,380.87	$6,734.13
Jan. 1926-April 30, 1926	1,860.00	258.08	1,601.92
Total	$9,975.00	$1,638.95	$8,336.05

Note: To date (May 15) we have collected $10,135 in special assessment.

REPORT OF ATTORNEYS

April 1925 - April 1926.

Evju v. Meckstroth.—Plaintiff had suffered a fracture of the tibia and fibula, and had been cared for by Dr. Meckstroth until May 18, 1923. On July 1, 1923, plaintiff went to Fergus Falls and Drs. Baker and Burnap performed an operation inserting a plate after finding malunion and an unreduced fracture. This case was settled in the sum of $3,500.00.

Flynn v. O'Hara.—The charge of malpractice in this case is in producing lacerations, with resulting infection in the treatment of Manda Flynn in childbirth. The action has been tried once, but the court granted a new trial. On October 14, 1925, we received word from Mr. L. D. Rogers, attorney at law, that his motion to dismiss the case was granted and as the statute of limitations had run, that is the end of the case.

Walrath v. Hammermeister.—As a result of alleged malpractice there occurred paralysis of the right leg and foot, plaintiff claiming damages in the sum of $25,000.00. This action was dismissed for want of prosecution.

McCoy v. Johnson.—Action brought by Dr. McCoy to recover $75.00 fees. A counterclaim was interposed alleging negligence in an attempt to care for and heal a mangled and injured left hand; $6,893.00 asked. This case has been settled by the patient paying a reduced fee.

Hunt v. Reihs.—Drs. Hunt and Hunt brought suit for their fees and the defense of malpractice was interposed. The malpractice in the pleadings is not specifically stated and the charge seems to be without a foundation. This action is still pending.

Schoenbachler v. Anderson.—Alleged negligence in lancing a boil or abscess, thereby causing an injury to the nerves; $20,000.00 damages sought. Action pending and on March 30th the Clerk of the District Court informed us that the same had never been put on the calendar for trial by plaintiff.

Pettit v. McGroarty.—Action started in District Court of Blue Earth County alleging negligence in diagnosing and treating a toxic condition, causing death of child eleven years of age; $7,500.00 asked. Settled for $500.00.

Gray v. Johnson.—Suit for professional fees and a counterclaim was interposed alleging malpractice in the treatment of an injured hand. The suit, including the counterclaim, was dismissed and nothing paid.

Backlund v. Burch and Connor.—Action brought in District Court, Ramsey County, alleging facial paralysis following a mastoid operation; $8,000.00 asked for. Case settled for $500.00.

Korman v. Hagen (First Case). — Tried in Waseca County. The alleged malpractice resulting from childbirth causing a breaking of the leg of the child and a paralysis to the arm. Verdict in the sum of $8,000.00 reduced by Supreme Court to $4,000.00.

Korman v. Hagen (Second case). — Action brought by father in the sum of $7,500.00 for loss of services of child and expenses incurred and to be incurred. Case settled for $625.00.

Anderson v. Ullrich.—Action brought in District Court, Hennepin County, alleging malpractice in the application of protoid tests. Action brought for the recovery of $22,000. Case still pending and probably will be reached this month.

Ritter v. Barber.—Action brought in District Court, Hennepin County, alleging malpractice in the failure to administer tetanus serum, all of which resulted in the death of the child. Action brought for the recovery of the sum of $11,500.00. The trial court directed a verdict for the defendant.

The attorneys also rendered services relative to legislation establishing a new Statute of Limitations for malpractice cases.

DR. WORKMAN: I move the adoption of the report of the Secretary and the report of the attorneys.

The motion was seconded by Dr. W. A. Jones and unanimously carried.

THE PRESIDENT: Next is the Treasurer's report.

The Treasurer, Dr. Earle R. Hare, read his report.

TREASURER'S REPORT

January 1-December 31, 1925

RECEIPTS

On hand January 1, 1925:		
Checks	$ 278.66	
Merchants National Bank	3.57	
Minnesota Transfer State Bank, O. D.		$ 145.24
Bonds and Mortgages	11,700.00	
Minnesota Medicine:		
Advertising	10,089.07	
Subscriptions	4,395.09	
Membership Dues	10,086.00	
Educational:		
Assessment	7,705.00	
Medical Protective	1,000.00	
Interest:		
Investments	649.00	
Bank Balances	58.04	
Sundries:		
Post Cards, Refunds, Etc.	76.68	
Vouchers Unpaid Dec. 31, 1925:		
Numbers 581, 609-17 inclusive	1,021.16	

DISBURSEMENTS

Minnesota Medicine		$13,050.63
Legal Expense		4,718.71
Convention Expense		1,060.70
Salaries		3,112.00
Sundries		897.00
Legislative Expense		500.00
Educational and Publicity Expense		2,399.65
Council Expense		200.34
General, Revolving Fund, Members' Subscriptions to Minnesota Medicine		4,177.35
On hand December 31, 1925:		
Merchants National Bank		3.57
Minnesota Transfer State Bank		5,097.08
Bonds and Mortgages		11,700.00
Totals	$47,062.27	$47,062.27

Respectfully submitted,

EARLE R. HARE,

Treasurer.

DR. WORKMAN: I move it be accepted.

The motion was seconded by Dr. Jones and unanimously carried.

THE SECRETARY: We have a partial report signed by the Credentials Committee: 60 Delegates should be here; 47 are present.

DR. W. A. JONES: I move the report be held over until tomorrow.

The motion was seconded by Dr. Workman and unanimously carried.

THE PRESIDENT: We will next have the report of the Editing and Publishing Committee.

Dr. John M. Armstrong will read the report.

Dr. Armstrong read the report.

REPORT OF THE EDITING AND PUBLISHING COMMITTEE

MINNESOTA MEDICINE

To the President and House of Delegates, Minnesota State Medical Association:

Your Editing and Publishing Committee is pleased to submit the following report for the ninth year of the publication of MINNESOTA MEDICINE:

During the period elapsing between the 1925 meeting and the present one, May 1, 1925, to April 30, 1926, twelve issues of MINNESOTA MEDICINE have been published containing 1,248 pages, an average of 104 pages for each month, the largest monthly average for any one year so far reported. Of these 1,248 pages, 720 were devoted to reading matter and 528 to advertising. The number of original articles and case reports shows a marked increase, numbering 150 in all, showing an average per month of 12.5. In the twelve issues have appeared 217 illustrations, an average of 18.1 per month.

The distribution of MINNESOTA MEDICINE each month is 2,650 copies and is divided approximately as follows:

Members	2000
Outside paid subscriptions	400
Miscellaneous (Advertising, free and filing copies)	250
	2650

The advertising pages have shown a nice increase for the year with a representation of approximately 110 firms. The total gross display advertising executed in the journal for the past year amounts to $9,869.03.

The total income for the year, including advertising, member and non-member subscriptions and miscellaneous amounts, is $16,985.11. The total expenditure, which includes a four months' supply of paper stock on hand, purchased last month, amounts to $15,480.50, leaving a net gain for the year of $1,504.61.

The publishers of MINNESOTA MEDICINE have recently purchased two other business publications which will enable them now to maintain a regular subscription man in all the Northwest states and we are hopeful that this will result in obtaining a number of additional subscribers to MINNESOTA MEDICINE in the states bordering Minnesota, particularly South and North Dakota.

Respectfully submitted,

EDITING AND PUBLISHING COMMITTEE,

R. E. FARR,

Chairman.

By J. M. ARMSTRONG,

Secretary.

DR. ARMSTRONG: I should like to say that this is not an audited report. The Constitution calls for an audit in October. Of course, this is May, so I presume it will be in order to refer this to the Finance Committee rather than the Auditing Committee, if that is satisfactory.

A motion was made, seconded, and unanimously carried that the report of the Editing and Publishing Committee be referred to the Finance Committee.

DR. W. A. JONES: On advice of counsel I wish to withdraw my motion, or ask that it be rescinded, and that we open the question again so that I may present it differently or that we may vote differently. I understand that it is illegal.

DR. W. A. BRAASCH: The point is made that in case this motion stands with respect to the report of the Credentials Committee, it will invalidate any vote which is taken today. In other words, the report of the Credentials Committee has to be accepted officially before any vote made today is legal. Therefore, the motion withdrawn will facilitate matters very much.

There was no objection to the withdrawal of the motion.

DR. JONES: Now, sir, I move that the report of the Credentials Committee be accepted and the Committee be continued.

The motion was seconded and unanimously carried.

THE PRESIDENT: We will next have the report of the A. M. A. Delegates.

DR. J. C. LITZENBERG: Dr. Rothrock will present the

report for the meeting of 1926, which I was unable to attend, and I will report for the 1925 meeting.

Dr. Litzenberg read the report for the 1925 meeting of the American Medical Association.

REPORT OF DELEGATES FROM THE MINNESOTA STATE MEDICAL ASSOCIATION TO THE HOUSE OF DELEGATES OF THE AMERICAN MEDICAL ASSOCIATION

President and House of Delegates of the Minnesota State Medical Society.

Gentlemen:

We, J. L. Rothrock, T. L. Chapman and J. C. Litzenberg, delegates of the Minnesota State Medical Society, to the House of Delegates of the American Medical Association, beg leave to submit the following report of the 1925 meeting of the American Medical Association.

Inasmuch as there have been two meetings of the American Medical Association since the last meeting of the Minnesota State Medical Society, and a whole year has elapsed since the 1925 meeting, we will submit a very brief report of that meeting:

The House of Delegates met in the Hotel Traymore, Atlantic City, New Jersey, at 10 a. m., May 25, 1925. Among the more important considerations were the following:

MEDICAL PUBLICITY

The House of Delegates under the leadership of Dr. Warnshuis, took the stand that the only successful method of combating quackery and cultism was through education of the public. The speaker, in his address to the House of Delegates, said: "Is the time not at hand when we accept this obligation and set forth to diffuse knowledge among the people by means of more extended effort than we have before manifested."

REPORT OF SECRETARY

The membership of the American Medical Association, April first, 1925, was 90,646—which is 590 more than the year before. Of this number, 56,121 are Fellows—a gain of 2,058 over the number last year.

REAPPORTIONMENT OF DELEGATES

The Committee on Reapportionment of Delegates at the Chicago session recommended that the constitution and by-laws should be amended so as to provide for one delegate from each State Association—for every 750 members, or fraction thereof. This recommendation was adopted, and thereby Minnesota gained one delegate, now having three instead of two. At the annual session of 1925, and every third year thereafter, delegates should be reapportioned.

RETIREMENT OF DR. SIMMONS

Dr. Geo. H. Simmons, having completed more than twenty-five years of honorable and distinguished service as editor and general manager of the Association, it was announced, had, upon his own request, retired from active duties, and was made editor and general manager emeritus.

HYGEIA

Hygeia, the Medical magazine for the laity, published by the Association, reported a loss for the year, of $42,752.14. This loss should impress the members of the Minnesota Medical Society that this most valuable medium for extending medical knowledge to the public, should be *better supported*. We recommend that every member of this society subscribe for Hygeia, as an evidence of approval of extending medical knowledge to the laity.

SECTION ON STOMATOLOGY

The section on Stomatology, which has continuously had a very small attendance, was abolished, and made a part of the Section on Miscellaneous Topics.

RESOLUTION ON PRINCIPLES OF MEDICAL ETHICS

The House of Delegates took an important action on the question of medical ethics, by adding to the principles of Medical Ethics suitable penalties for violation of these principles and resolved:

1st, that these rules of Ethics are hereby declared to be an integral part of the Rules and Regulations, Constitutions and By-laws covering each component county.

2nd, that the penalty prescribed for the violation of these Ethics shall be censure, suspension or expulsion, as the individual governing body shall elect.

PRESIDENT

Dr. Wendell C. Phillips, of New York, was unanimously elected President-elect of the Association. In addition to the above, the time of the House of Delegates was taken up, principally, in conducting the enormous amount of routine business connected with the largest Medical Society in the world. Certain subjects, such as the relation of the physicians to the prohibition act, and the limitations of prescriptions of alcohol; medical education, particularly graduate medical education and short courses for physicians, so that the general practitioner may have opportunities for keeping up to date, were recommended. A great deal of discussion was raised by the subject of periodic examinations, involving not only the recommendation that each state society endorse and further periodic examinations, but also favor a condemnation of the periodic examination by societies controlled by laymen.

Respectfully submitted,
J. L. ROTHROCK,
T. L. CHAPMAN,
J. C. LITZENBERG.

DR. LITZENBERG: If I may be permitted, I should like to make a few short remarks in regard to the Delegates from the State Association. The fact that I have been elected a Delegate is testimony enough that not enough care is exercised in selecting Delegates. I am surprised at the lack of influence of Minnesota in the American Medical Association, and it is because the Delegates are changed so frequently. Election as a Delegate of this Society is not an honor, it is a duty and a service, and it is a big job. A Delegate has no time to attend scientific meetings, and when he goes to represent this Society at the American Medical Association, he must give his whole time to it. No man begrudges that time, but if Minnesota is to have any influence in the American Medical Association, it must have Delegates there long enough at least to have a

bowing acquaintance with the other Delegates, which at the present time they have not.

It is a custom with our Society that a man be elected for one or perhaps two terms besides his original term. By the time he gets acquainted, someone else is elected. Some friend of mine got up in the meeting when it came time to elect a new Delegate, and moved that Dr. Litzenberg be made a Delegate to the A. M. A.—friend if you wish to call him that. Some other enemy of mine got up and moved the polls be closed, and that is the reason you got such an inefficient Delegate. That is not right. The Delegates should be elected by either a nominating committee or by the Board of Councilors, and they should be selected with great care. They should be men who are willing to serve five, ten, fifteen, twenty, twenty-five years if the Society wants them to. The men who have influence in the American Medical Association have been in the House of Delegates for years. I know of several who have been there fifteen and twenty years, and they have been trained as Delegates and therefore have influence. It is a benefit not only to the state society to have a considerable voice in the doings of the American Medical Association, but it is of great service to the American Medical Association to have the states send experienced Delegates.

May I say at this time that I am making these remarks thus forcefully because I do not want to be a Delegate further, but I want the Board of Councilors to select or nominate, at least, perhaps two for each vacancy. No man begrudges the amount of time that he spends or the amount of money that it costs him to go as a Delegate, but if a man is to go for ten, fifteen or twenty years, it becomes a financial burden, and I believe that this Association, along with other state societies, should pay the expenses of the Delegates to the House of Delegates of the A. M. A., or as much of the expenses as the Society may see fit. That is the only way you can get the influence you want in the American Medical Association; you can get it by having a man go there year after year and become acquainted with the work of the Association.

In order that you may be sure that I am not making a bid for being sent down there for fifteen or twenty years, let me say that I do not want to go, but I want to see somebody selected from this state who will go for a long period of time, as long as he serves efficiently and well. If more states would adopt that policy, the American Medical Association would be made up of a higher class of Delegates. They are high now, I have no criticism of the members of the House, they are fine men, as fine as I have ever seen; but I notice that those who have the influence are the ones who keep sending their Delegates year after year and the ones who pay their expenses, or a part of their expenses.

Dr. J. L. Rothrock read the report of the 1926 meeting of the American Medical Association.

REPORT OF THE MEETING OF THE HOUSE OF DELEGATES AT THE SESSION OF THE A. M. A., HELD AT DALLAS, APRIL 19 TO 23, 1926.

The House of Delegates was called to order by the Speaker, F. C. Warnshuis, promptly at 10 a. m., April 19th. The Committee on Credentials reported 114 qualified delegates present.

The first order of business was the customary address of the Speaker, F. C. Warnshuis, in which he made the following recommendations to the House of Delegates. The first concerned unethical practices on the part of certain members of the profession. "While the attitude of the Association towards State Medicine and contract practice is well defined, and the position of the Association is very clearly set forth with regard to these practices, there are evidences in many communities of a tendency toward a rapidly growing development of this type of practice, and investigation shows that in many instances it is aided and abetted and sponsored by medical men, members of constituent units of our Association, who, hiding under the guise of public health education, seek to justify their action and to ignore in so doing the Association's enunciated policies."

To meet this situation the Speaker recommended that the House of Delegates give consideration to formulating some type of disciplinary measures, whereby former enactments will be observed and complied with by members of the Association.

Another recommendation was the proposal of a change in the By-Laws empowering the Board of Trustees, after an investigation into all the facts as to facilities, such as hotel accommodations, suitable buildings for display of exhibits and places for the meetings of the various sections of the Scientific Assembly, to select the place for the annual meetings, as well as the time for the meetings.

The address of President William D. Haggard was devoted to the theme of periodic examinations and contained much constructive advice on this all-absorbing question.

The address of President-elect Wendell C. Phillips, after reviewing the contributions to medical science since the World War, called attention to the productiveness of American investigators, notably the work of Dicks, Dochez and Blake on scarlet fever, the discoveries made on the virtues and relation of light to rickets, the toxin-antitoxin prevention of diphtheria being the most important. Morever the United States may be truly called teachers to the World in organization, and methods of preventive medicine.

Dr. Phillips also stressed the necessity for the education of the public in matters of health and urged that a survey be ordered by the Board of Trustees into ways and means best to promote public health education.

The following resolution was read on the death of Dr. Thomas McDavitt:

Resolved, By the House of Delegates of the American Medical Association, that through the death of Dr. Thomas McDavitt this Association has lost a friend and counselor who, through his untiring and devoted serv-

ice, played an important part in its development and in extending its influence as a scientific society and its benefits as a philanthropic organization. And be it further

Resolved, That while we bow in sorrow that our friend and Fellow has passed on and that we are deprived of his companionship and helpful counsel, we are deeply grateful for the privilege of our long association with him and revere his memory, because of his work for this Association and because of his devotion to the noblest traditions of our profession.

FROM REPORT OF THE BOARD OF TRUSTEES

CONFERENCE ON PERIODIC HEALTH EXAMINATION

Pursuant to the action of the House of Delegates a conference on periodic Health Examination was held in Chicago, November 20-21, 1925. One of the outstanding lessons of this conference points to the need of leaders of this move in each State who will serve as lecturers and demonstrators to county and district medical societies, for the purpose of promoting periodic health examination by practicing physicians, for in this manner a distinct service can be rendered to the public by the profession. The Association has issued a book of instruction and special forms to be filled out covering the scope of such examination, which can be had on application.

HEALTH EDUCATION OF THE PUBLIC

RADIO HEALTH TALKS

The Bureau of Health and Public Instruction has given a monthly program of health talks, through the Chicago station, using exclusively material from Hygeia. Material from Hygeia is also being broadcast from stations located in several other cities, and is done under the auspices of the local medical societies.

NATIONAL PROHIBITION ACT

The report of the Committee appointed by the Board of Trustees pursuant to a resolution adopted by the House of Delegates, 1925, a regulation of the National Prohibition Act places a limitation on the amount of spirituous liquor which may be prescribed for a given patient in a given time. The constitutionality of this regulation has been called into question and a trial suit has been brought to test its legality, which now awaits a decision from the U. S. Supreme Court. This case is still pending.

THE FEDERALIZATION OF STATE HEALTH ACTIVITIES

The Sheppard-Towner Act is still in effect and will continue to be operative until June 30, 1928, when it lapses, unless the time is extended by further legislation. The opposition of the Association to this Act is based on the fact that under it the State surrenders its sovereignty to the Federal government on the payment by the Federal government of a paltry subsidy, for the performing of a function which the State should assume and thereby retain the entire control.

Two other bills of similar character are now pending in Congress to extend the system of Federal subsidies to control State Health and Medical activities. One applies to rural health work and the other to the prevention and control of drug addiction, both similar to the Sheppard-Towner Act, and the Child Labor Act, and are open to all the objections of these last mentioned acts.

REPORT OF JUDICIAL COUNCIL

The solicitation of patients through so-called Health Association or Hospital Associations. Attention has been called to questions of ethics involved in the organization and operation of so-called health associations or hospital associations which solicit members. These members are, of course, prospective patients. The principles of medical ethics of the American Medical Association specifically condemn the solicitation of patients, whether by individual physicians, by groups, by institutions or by organizations of physicians and that therefore insofar as these health or hospital associations are organized for the purpose of soliciting patients they are distinctly unethical.

QUALIFICATIONS OF HOSPITAL STAFF MEMBERS

In recent years pressure has been made by osteopaths, mainly in California, Idaho, and Iowa, to force their admission to staffs of hospitals, and particularly those supported in whole or in part by State or municipal aid. The Council has made the following ruling on this question:

In order to receive and retain among hospitals a position approved for the training of interns a hospital must admit to its staff only reputable physicians, who have secured the degrees of Doctor of Medicine from a Medical College, acceptable to the Council on Medical Education and Hospitals, of the American Medical Association.

REPORT OF THE SECRETARY

There are now 91,792 members in the Association, which makes it the largest organization of its kind in the World. Of these 58,681 are Fellows of the Association. The Secretary calls attention to carelessness on the part of some members who through failure to pay their dues allow their membership to lapse. It costs the Association one dollar per member for reinstatement, which really ought to be assessed against the delinquent member.

The supplementary report of the Board of Trustees with reference to selection of a place of annual meeting, the committee recommended that the Board of Trustees place in nomination not less than three suitable locations, and that from these the House of Delegates make the final choice by vote.

The Committee on Legislation and Public Relations offered the following resolution, which has been adopted:

Whereas, The present court procedure in expert opinion evidence in both civil and criminal cases has in many instances brought public criticism and disgrace on both the legal and the medical professions; and

Whereas, The present procedure in many cases is believed to defeat the administration of justice; and

Whereas, An effort is being made in many states by the bar associations and medical societies of those states to correct such maladministration of justice, and to relieve the legal and medical professions of the public criticism now received; and

Whereas, The American Bar Association is actively pursuing the above laudable effort; therefore, be it

Resolved, By the House of Delegates of the American Medical Association that it recognizes the urgent need for such remedial legislation and such change in court procedure as will correct the abuse of expert opinion evidence; approves the efforts of the various bar and medical associations; and further be it

Resolved, That the House of Delegates endorses the principle that in civic and criminal cases the court may appoint expert medical witnesses, who shall be paid out of public funds, and who may furnish a written report; and that the American Medical Association offers its coöperation by such means as lie in its power to promote such legislation as will be mutually satisfactory to the medical and legal professions toward the correction of the present unsatisfactory procedure of presenting expert opinion evidence, and the Board of Trustees is hereby requested to use the facilities of this organization in such a way as to give effect to the sentiments expressed in this resolution.

And further that the House of Delegates endorses certain principles approved by the Committee on Jurisprudence and Legal Reform of the American Bar Association, and by the American Institute of Criminal Law and Criminology as follows:

That in civil and criminal cases where the issue of insanity is raised, expert medical witnesses may be appointed by the court, and paid from public funds, and that such witnesses may present a written report.

Be it further

Resolved, That a copy of this resolution be sent to the American Bar Association.

Respectfully submitted,
HORACE M. BROWN,
Chairman.

The result of election of officers was as follows:

President, Jabez N. Jackson, Kansas City.

Vice President, John McReynolds, Dallas.

Secretary, Olin West, Chicago.

Treasurer, Austin A. Hayden, Chicago.

Speaker of the House, Frederick C. Warnshuis, Michigan.

Vice Speaker, Dr. Allen H. Bunce, Georgia.

Trustees. Dr. Charles W. Richardson, Washington, D. C.; Dr. Joseph A. Pettit, Oregon; Dr. J. H. J. Upham, Ohio; Dr. Rock Slyster, Wisconsin.

Washington, D. C., was selected as the place of meeting for the 1927 Session.

DR. ROTHROCK: I want to take occasion now to endorse what Dr. Litzenberg says with regard to the necessity of care in the selection of the Delegates to the A. M. A. My attention at the first meeting in which I had the privilege of sitting at the House of Delegates was called to this. I now have had the honor of sitting in the House of Delegates for five different meetings, once as an Alternate, and I have been four times regularly elected. I have done the best I could in representing the Association. The new man, as Dr. Litzenberg pointed out, and as I think I pointed out once before in a report, has little opportunity to do very much. The complexion of the House of Delegates, since I have been there, has changed very little, most of the states sending back from year to year the same men, men who are trained and who have wide knowledge in the affairs of the Association. The new man gets no opportunity to get on an important committee. It seems to me the House of Delegates here would do well to give very careful consideration to the selection of the Delegates in the future and select some man who has the time and the inclination to go. Personally I am not a candidate for re-election. I feel that the House of Delegates has honored me in sending me back the second time, and I would prefer to be left off. I think the point Dr. Litzenberg has made is well taken, that it would be an excellent thing to have these candidates nominated, in which way we might secure more suitable men for the position. Then if we found a man who was interested and could continue to go there and perform his duty, we could continue him in office.

Dr. Braasch took the Chair.

THE CHAIRMAN: If I may suggest it, it has long been the wish of Dr. Herman Johnson, your President, as well as of several of us who have had experience in the House of Delegates, that we might act upon reports of this kind in a more detailed way, and that we might use the methods followed by the House of Delegates of the A. M. A., namely appoint a committee to consider such reports and report back to the House of Delegates at the next meeting, in other words take out the resolutions which are of great value and have them given special consideration by a committee in a way that we cannot very well do in a meeting of this kind without preparation.

Therefore, in moving the acceptance of this report, if you care to, may I suggest that it be followed by a motion that a committee be appointed by the Chair to consider it and report back.

DR. F. J. PLONDKE: I move the acceptance of the report and that a committee of three be appointed to investigate the report and report back later and recommend anything they wish in connection with it.

The motion was seconded and carried unanimously.

THE CHAIRMAN: I will ask Dr. Johnson to appoint a committee a little later.

DR. HARE: In order to legalize all action of the House of Delegates which preceded the adoption of the report of the Credentials Committee, I now move that every action of this House of Delegates which preceded the adoption of that report be now ratified and confirmed.

The motion was seconded and carried unanimously.

THE CHAIRMAN: Next is the report of the Committee on Necrology.

Dr. Olga S. Hansen, Necrologist, read the report.

REPORT OF NECROLOGY COMMITTEE

President, officers and members of the House of Delegates of the Minnesota State Medical Association:

Again the time has come for us to pause a moment in our hurrying lives to call the roll of our fellow practitioners who have answered the summons of the angel of death since last we met in official session.

Members of the Minnesota State Medical Association

Charles Clifford May, Adrian,
State U. of Iowa, College of Medicine, 1886,
Born, 1860; Died March 15th, 1925; Age 65.

Edward Everett Hoit, Detroit,
U. of Michigan, Homeopathic Medical School, 1878, and Rush Medical, 1885,
Born, 1854; Died April 4th, 1925; Age 71.

Wm. N. Theissen, Faribault,
College of Physicians and Surgeons, 1901,
Born, 1876; Died, May 15th, 1925; Age 48.

Frank Ressler Weiser, Windom,
Jefferson Medical College of Philadelphia, 1891,
Councilor of State Medical Association, 1913-1925,
Past President of State Board of Medical Examiners,
Born, 1865; Died, May 22nd, 1925; Age 60.

Rolf Frederick Nonnestad, Lanesboro,
University of Minnesota Medical School, 1921,
Born, 1896; Died, May, 1925, Age 29.

Hugo J. A. Hartig, Minneapolis,
U. of Minnesota Medical School, 1914,
Born, 1890; Died, July 26th, 1925; Age, 35.

Andrew J. Gibson, Duluth,
U. of Edinburgh, Scotland, 1894,
Died at Creetown, Scotland, Aug. 18, 1925.

James A. McLaughlin, Minneapolis,
McGill University Faculty of Medicine, 1894,
Born, 1870; Died, September 16th, 1925; Age, 55.

Florence C. Baier, Minneapolis,
Medical Department Hamline University, 1897,
Born, 1854; Died, October 3rd, 1925; Age, 91.

Thomas Roy Martin, Duluth, Minnesota,
University of Minnesota Medical School, 1907,
Born, 1882; Died, November 15, 1925; Age, 45.

Gilbert T. Haugen, Fergus Falls, Minnesota,
University of Minnesota Medical School, 1905,
Born, 1879; Died, March 30, 1926; Age, 47.

Thomas S. McDavitt, Saint Paul,
Northwestern University Medical School, 1879,
Secretary of State Board of Medical Examiners, 1912-1926,
Secretary of Minnesota State Medical Association, 1900-1918,
Trustee of American Medical Association,
Born, 1857; Died, March 3rd, 1926; Age, 69.

Francis R. Woodard, Minneapolis,
Rush Medical College, 1879,
Born, 1848; Died, March 29th, 1926; Age, 78.

John Crowe, Virginia,
Rush Medical College, 1901,
Born, 1868; Died, April 10th, 1926; Age, 58.

Asher C. Taylor, Duluth,
University of Michigan, 1874,
Born, 1848; Died, April, 1926; Age, 77.

Members of the medical profession: (not members of the Minnesota State Medical Association)

John Dargavel, Minneapolis.
Knut Hoegh, Minneapolis (Honorary member Hennepin County Medical Society).
Edward Walther, Saint Paul.
S. Chapen Jackson, Euclid.
George L. S. Schulze, Minneapolis.
E. F. Conynghame, Underwood.
Daniel W. McDougald, Minneapolis (Member of American Medical Association).

All of our members who have died during the past year have given fully and generously of professional skill and of personal strength to the communities in which they have lived. In considering the ages at which death occurred one is impressed with the very small number who have died in their early years of professional service, and with the long lives of usefulness which almost all have lived.

Volumes could be written of the honesty, the enthusiasm, the stability and the self-sacrifice of each of the deceased members in his own circle of patients who depended on him for personal care and solace, and in the wider sphere of community and state service. But these personal memoirs have been written in the lives of the individuals and the communities which each has served. Two names stand out above the others in the annals of medical education in Minnesota, through their connection with the State Board of Medical Examiners. Dr. Frank Ressler Weiser was formerly president of this board. Dr. Thomas McDavitt served as secretary of this board since 1912 to the time of his death. Dr. McDavitt was also a Trustee of the American Medical Association and through this office exercised a wide influence in raising medical standards and ideals.

Their names lie before you on the roll of honor. The nobility of their lives will influence the world through the generations that are to come.

Respectfully submitted,
OLGA S. HANSEN,
Chairman Necrology Committee.

The report was adopted by a rising vote.

THE CHAIRMAN: Next is the report of the Radio Committee.

Dr. E. H. Norris read the report of the Radio Committee.

SECOND ANNUAL REPORT OF THE RADIO COMMITTEE
1925-1926

This committee has endeavored to carry on the work during this past year which had been initiated in 1924. We have felt that the Radio offered another and a very strategic means for popular medical education and we have been repeatedly gratified by the manifestly growing interest in our program.

Our program began on October 9, 1925, and was continued through until March 1, 1926. One paper

of about 15 minutes in length was read on each Friday evening during these months. The choice of subjects for the papers was in large part left to the individual authors, but so far as I know every paper with exception of the one read by Dr. E. P. Lyon, was read and censored by some member of our committee. This particular paper was not sent in for our review, and believing, as we did, that the Dean's paper, least of all, would need censoring, we made no call for it. The committee offers its apology for its negligence in this regard and we would feel very badly about our carelessness if it had not been that the reading of this paper has so thoroughly awakened the State Medical Association and aroused its members to strengthen their opposition to "State Medicine."

The following is a list of the eighteen papers which comprised our program:

Oct. 9, 1925	Infantile Paralysis....Dr. W. R. Shannon
Oct. 16, 1925	Pregnancy and Childbirth.....Dr. L. W. Barry
Oct. 23, 1925	Some Facts about Insanity.....Dr. W. Hengstler
Oct. 30, 1925	Blood Pressure.....Dr. J. N. Dunn
Nov. 6, 1925	Your Heart.....Dr. H. Richardson
Nov. 13, 1925	The Prevention of Tuberculosis.....Dr. E. K. Geer
Nov. 20, 1925	Tonsils and Adenoids.....Dr. M. Wheeler
Nov. 27, 1925	Ulcer and Cancer of the Stomach.....Dr. D. C. Balfour
Dec. 4, 1925	Diseases of the Glands of Internal Secretion .....Dr. L. S. Rowntree
Dec. 11, 1925	Control of Cancer.....Dr. V. C. Hunt
Dec. 18, 1925	Changing Concepts concerning Focal Infection.....Dr. E. C. Rosenow
Jan. 15, 1926	The Relation of the Family Physician to the Public.....Dr. F. U. Davis
Jan. 22, 1926	Preventing Diphtheria....Dr. H. S. Diehl
Jan. 29, 1926	The Cancer Problem....Dr. W. J. O'Brien
Feb. 5, 1926	The Service of the University Hospital to the People of the State.....Dr. E. P. Lyon
Feb. 12, 1926	The Abuse of Cathartics.....Dr. T. A. Peppard
Feb. 19, 1926	Health Habits in Children.....Dr. Max Seham
Feb. 26, 1926	The State Medical Association and the Public.....Dr. H. M. Johnson

The committee has received many letters and telephone calls from laymen who had "listened in." There have been many requests for copies of the papers read; some have suggested topics which they would like to hear discussed over the Radio; some few have asked for the name and address of the reader of a particular paper and we have had no hesitancy in furnishing it; many have written in to add a word of encouragement to our effort and to tell us that they enjoyed and were interested in our program.

Finally, the committee wishes to urge the continuance of the Radio talks during the oncoming season, and to take this opportunity to thank the officers of WCCO for the fine coöperation they gave us.

Respectfully submitted,
E. H. Norris,
Chairman.

Dr. Carl Drake: In moving the acceptance of this report, I think it would be only fitting that the thanks of the Association be extended not only to the Committee, but to the members of the Association who have written the papers, and to WCCO.

The motion was seconded and unanimously carried.

The Chairman: The next committee to report is the Committee to Foster Better Obstetrics.

The Secretary: Dr. Adair is not here, but he has sent his report.

Dr. W. A. Coventry: I move the report be read.

The motion was seconded and carried, and Dr. Meyerding read the report.

Report of Committee to Foster Better Obstetrics

At a meeting of the House of Delegates at the last annual meeting of the Minnesota State Medical Society a committee of one was appointed to make suggestions tending to foster better obstetrics in the State.

Subsequently it was suggested that the former president appoint someone in each councilor district to work with this committee in studying the needs of his locality. It was not thought wise to carry out this suggestion.

Efforts have been made to secure greater attention for obstetrics on the programs of State and County societies, which have met with some success.

Work in building up the prenatal side of obstetric care has been fostered by the State Board of Health and I have incorporated in this report a statement which was published in the May issue of Minnesota Medicine.

The Medical Profession of Minnesota and the Sheppard-Towner Act

On April 20, 1921, the State Legislature of Minnesota authorized the State Board of Health to provide instruction and advice to expectant mothers, and also accepted the provisions of any Federal Act for promoting the hygiene of maternity and infancy. On November 23, 1921, Congress passed "An Act for the promotion of the welfare and hygiene of maternity and infancy, and for other purposes." January 10, 1922, the State Board of Health created a Division of Child Hygiene, approved the program outlined by its executive officer, and appointed the State Advisory Board on Maternity and Infant Hygiene. The recommendation for the formation of County Administrative Boards was also approved. The Federal funds became available to the State on March 28, 1922. On April 21, 1922, the State Advisory Board, which numbers among its members two practicing physicians, one pediatrician, and one obstetrician, suggested the formation of County Administrative Boards consisting of two physicians, one county commissioner, and two women. On May 10, 1922, the question of the

formation of County Administrative Boards was taken up with the Secretary of the State Medical Association. The next day a letter was sent to the President of the State Medical Society regarding the County Administrative Boards. On June 16, 1922, a letter was also sent to the President of the State Medical Association relative to this matter. On this same date, Dr. E. C. Hartley was appointed Director of the Child Hygiene Division, which was organized on July 1, 1922. In August of that year, Dr. E. C. Hartley published an editorial in MINNESOTA MEDICINE entitled, "The New Child Hygiene Division—Its Relation to the Physicians of Minnesota." In this article the program of the Division was outlined. On September 23, 1922, a letter was sent to each county health officer and to the officers of the State and each District and County Medical Society relative to the plan of work, with the request that a physician be selected in each county to act on the County Administrative Board. On October 12, 1922, a letter was received from the President of the Minnesota State Medical Society recommending two physicians from each county to serve on these Administrative Boards. These recommendations were approved by the State Board of Health at a meeting held on October 25, 1922. On October 14, 1922, at the Annual Meeting of the House of Delegates, a resolution, to indorse the action of the American Medical Association in condemning the Sheppard-Towner Act, was laid on the table, where it still lies. The Minnesota State Medical Association has apparently refused to support the American Medical Association in its action relative to the Sheppard-Towner Act.

The Medical Society of this State has coöperated in carrying out the provisions of this Act since the work was begun in Minnesota. So far as the Maternal Hygiene is concerned, the formula has been very simple, namely, to educate the laity to seek professional advice from physicians wherever and whenever possible during pregnancy, labor, and the puerperium. This, of course, presupposes that the physicians are willing and ready to give this care to their patients. The author has been interested mainly in this phase of the work, and owing to some criticisms and actions has been impelled to write this statement of facts for the enlightenment of the medical men of this State. It is important in matters of this kind to have accurate information before opinions are formed, and decisive action taken. The work is still being carried on according to the original plan of coöperation with the medical profession of this state.

In reference to prenatal work there is also appended the report of a committee of obstetricians appointed by the Children's Bureau, entitled "Standards of Prenatal Care" (Bureau Publication No. 153). This report is very concise and is the result of careful work by a group of representative obstetricians from different parts of the United States. It is submitted with the hope that the State Medical Society may see fit to approve the Standards of Prenatal Care as set forth in this outline.

There is also appended a brief statement, which will soon be published in the *American Journal of Obstetrics and Gynecology,* regarding some work which is being done in New York State by their State Medical Society working in conjunction with the New York State Board of Health.

"An important activity is being conducted by the New York State Department of Health in coöperation with the Committee on Post Graduate Medical Instruction of the State Medical Society. The sentiment has grown among physicians that the steadily increasing group consciousness and the growing desire of organized medicine to assume leadership in the solution of the great problem of public health fix a very definite responsibility upon the official medical bodies. This particular committee, in its last annual report to the House of Delegates, made in April, 1926, states that the continuous education of the practicing physician is the greatest single contribution that organized medicine can make.

"The manner in which this scheme was developed is of interest. The committee as appointed represented all sections of the State and a survey was made based on answers to a questionnaire sent to the County Societies as the units of the organized profession. The officials of these societies were asked to give information as to what plans they had made or would agree to make for post-graduate teaching and what facilities for the purpose were at hand. A central organization for the collection of this information was developed under the direct supervision of Dr. A. N. Thompson, of the Kings County Medical Society, and an appropriation totalling $5,000 was secured from the Council of the State society. The New York State Department of Health offered its full coöperation and placed the services of its regional consultants in obstetrics and pediatrics at the disposal of the Committee.

"Of particular interest in connection with this important work are the courses of six lectures each in obstetrics and pediatrics which were offered to various County societies and which it is a pleasure to record have been well attended. The appended map is a graphic presentation of the work which has been done. The lectures on obstetrics have included the prenatal care, the management of normal labor, postpartum care, and the pathology of labor and pregnancy, and have been given by various members of the Regional Consultant Staff of the State Department of Health, including Drs. John O. Polak, Frederick W. Rice, Ralph W. Lobenstine, Harold C. Bailey, George W. Kosmak, James K. Quigley, and Arthur C. Martin.

"The activity described above is worthy of emulation by organizations in other states. It presents the subject of better maternity care directly to the attention of the practicing physicians by a method that originates and is carried out within the ranks of the Medical Profession. It provides for coöperation with various lay agencies but the essential aim of the movement is an effort to solve a medical problem under medical auspices."

Similar plans of work are being carried out in Oklahoma and Alabama.

The Committee respectfully recommends the above report and suggestions to the House of Delegates of the Minnesota State Medical Association for its careful consideration and approval.

Respectfully submitted,
F. L. ADAIR,
Chairman.

A motion was made by Dr. Coventry, and seconded, that the report be accepted and placed on file.

DR. W. A. JONES: May I ask if this receives the endorsement of the officers of the Association and whether there is included in the report the non-adoption of the Sheppard-Towner act?

THE CHAIRMAN: This report has not been read, so far as I know, by the officers of the Association. May I suggest that a committee be appointed similar to the other one to review the report and report to the House of Delegates tomorrow?

DR. COVENTRY: I will withdraw my motion.

DR. JONES: I move that a committee be appointed to review this report and report back to the House.

DR. C. B. WRIGHT: I should like to amend that to the effect that it be referred to the Committee on Public Health Education who are already investigating this matter, and I think it is proper to have this under their examination.

The amendment was seconded and carried, and the original motion as amended was carried.

THE CHAIRMAN: In regard to the committee to report on the A. M. A. Delegates' report, Dr. Johnson makes the following selection: Drs. W. A. Jones, E. T. Sanderson and Carl Drake.

We will next hear the report of the Committee on Public Health Education, Dr. F. J. Savage.

Dr. Savage read the report.

REPORT OF COMMITTEE ON PUBLIC HEALTH EDUCATION

This committee has done little but outline proposed activities. You are all familiar with this function as outlined in the constitution and as published in MINNESOTA MEDICINE.

Dr. Coventry has in charge the question of the maladministration of free clinics throughout the state. The Ramsey County Medical Society has adopted the following resolution and the committee has been appointed and is at work.

"That the President appoint a committee of five to make a study of the manner of admission of patients to the free medical clinics of St. Paul and to then draw up recommendations, for action by our society, that the Ramsey County Medical Society feel should be the governing principles for admission of patients to free clinics."

Hennepin County has found that one of the most satisfactory features in connection with free clinics has been the placing of two medical men on the governing board of the various organizations conducting free clinics. Outside of the Twin Cities and Duluth there are but few free clinics. However, the expressed opinions of our members from outside the cities show that since the admission of free patients to the University Hospital has been taken away from medical men and placed in the hands of County Commissioners the admission of patients in some places has become a matter of politics and is not based on the inability of patients to pay ordinary fees.

Another field of proposed activity of this committee is to aid and encourage each component county medical society to conduct at least one annual public medical meeting. Dr. Geo. Earl is in charge of this section. At the meeting of this committee on May 2nd the following resolution was adopted:

"That through the Association's Secretary the committee get in touch with all organizations possible who are working in the state on public health matters and that the committee immediately begin to arrange a speakers' bureau of men who can talk at various types of public health meetings and that the committee ask the Council for clerical help for the Association Secretary for this work up to the amount of $200.00 per month."

In order to facilitate this part of our program your committee requests each component County and District Medical Society to appoint a committee on public health education which shall function along lines similar to the State Association's committee. To make such meetings successful the general coöperation of Parent-Teacher Associations, civic clubs of all kinds and women's clubs, together with the local press, is essential. We want the public to appreciate the medical profession and what it stands for—the value of periodic medical examinations, what immunization means to the health of the community and many other matters brought home to the various communities throughout the state by the medical profession itself and not by lay organizations. This movement is under way and if we don't assume leadership we will simply be trailers.

Dr. C. B. Wright has charge of working up the part of our program dealing with periodic medical examinations.

Dr. Helmholz has in charge the matter of children's free clinics and the operation of the Sheppard-Towner law. He has been authorized to make a study of the practical workings of the law throughout the state but so recently that we are unable at this time to report on the matter.

Although fraudulent medical advertisements stare us in the face in every issue of our daily papers your committee agreed that we have enough on our hands in other matters of greater importance to make it inadvisible at this time to start on this campaign. *The Minneapolis Journal* is the one exception to the rule. Dr. Burnap has been assigned this part of our pro-

gram and it was agreed that his function shall for the present consist of investigation only.

Your committee would like instructions from this body on the question of allowing the use of Physicians' names in the public press on matters which may come out from time to time in connection with public health matters of the State Association. We recognize the fact that from the newspaper man's standpoint the use of names gives more of an element of news than if names are omitted. Another method might be adopted of having all news items come through the Association's Secretary. Your chairman incurred the wrath of some of this committee by giving to the Associated Press representative the names of this committee and a telephone interview on what we planned to do in the way of public health meetings throughout the state. The entire responsibility of this matter rests with the chairman of this committee and on no other.

RECOMMENDATIONS

1. In view of the greatly increased activities of the office of the State Association's Secretary and in view of the fact that his present clerical force consists of the half term services of a very efficient assistant, this House of Delegates recommend to the Council the employment of additional assistance and authorize the expenditure of an additional sum up to $200.00 per month to cover administration expenses.

2. That this House of Delegates urge—through our Association Secretary—each County and District Society to appoint a local Committee on Public Health Education to function along similar lines of your State Association's committee and to work in conjunction with them.

C. B. WRIGHT,
F. J. SAVAGE,
W. A. COVENTRY,
H. F. HELMHOLZ,
W. L. BURNAP
GEORGE EARL

DR. SAVAGE: I should be very glad to hear whether this publication of names is approved or whether I am in for additional censure.

DR. W. A. JONES: I hope that Dr. Savage's report will be accepted, but I should like to explain that in the Hennepin County Medical Society we have a committee that deals out newspaper information without mentioning any names. I am hard-boiled enough to believe that we are a cowardly race of doctors when we don't want to see our names in print. I think it does give some prestige to a report, and I don't see why we should be so thin-skinned. I believe in publicity from all angles, and I hope Dr. Savage will be upheld in any publicity that he may choose to introduce.

DR. C. L. SCOFIELD: I think this should be referred to a special committee, and I move that this report be submitted to a committee of five to report tomorrow or the next day.

The motion was seconded and carried.

THE CHAIRMAN: The next is the report of the Committee on Public Policy and Legislation.

DR. CHARLES BOLSTA: Your Committee on Legislation, acting upon the instructions of the President, proceeded to get up a tentative draft of a bill.

Dr. Bolsta read his report and the draft of the bill, with the understanding by the House that the bill should not be incorporated verbatim in the records.

A motion was regularly made, seconded and carried, that discussion of this report be taken up the day following at the meeting of the House of Delegates.

THE CHAIRMAN: Next is the report of the Committee on Hospitals and Medical Education.

Dr. N. O. Pearce read the report.

REPORT OF COMMITTEE ON HOSPITALS AND MEDICAL EDUCATION

This committee, consisting of seven members, has to do with questions arising concerning the hospitals of the state, particularly acting as an avenue of information and advice for the American Medical Association Hospital Committee. It has also occupied itself with the development and carrying out of plans for making postgraduate and review work readily available for the man in practice. Numerous meetings have been held during the year, and a number of hospitals have been inspected at the request of the national organization, mostly with a view to determining their suitability for registration on the list of hospitals approved for interns. Three hospitals were recommended.

Relative to the postgraduate instruction for men in practice, your committee has met jointly with a committee of the State Medical School which has been developing this work at the University for the past six years. From a very modest beginning, this committee has carefully and conservatively developed a plan of short courses of review work for the man in practice which we believe is as comprehensive and efficient as anything of its kind in the country. These courses vary in length from three days to one week. The time of the student is occupied from 8:00 a. m. to 10:00 p. m. and the schedules are so arranged that a man may obtain a comprehensive review of a single subject in three days, but because of their consecutive arrangement, he may stay on for two weeks or more completing a review of four or five subjects. The program is changed from year to year and the courses cover the most practical subjects in medicine, surgery, gynecology, pediatrics, pathology, bacteriology, therapeutics and all their branches. A new departure this last year has been evening courses held one night each week for thirteen weeks. At present, a course in pathology and one in neuro-anatomy are under way with a registration of about 35 men in the two classes. Naturally such courses are available only to the men who are within easy driving distance of the University and they were not advertised beyond the local counties. If they prove popular, as it would appear from these first courses, this will become a permanent part of the postgraduate program.

The other phase of the postgraduate work, and the one in which the State Society has perhaps taken a leading part, is the program of extension courses so designed that any group of members of this Society

may get together and request a series of lectures, clinics and demonstrations on subjects of their own choice and in their own community. The committee has proceeded with considerable caution in the development of this work as we are extremely anxious to place it before the physicians of Minnesota in the most practical, feasible and efficient manner. Therefore until recently it has not been widely advertised. Last summer a thirteen weeks course was carried out at Fergus Falls and Moorhead with sixty students and twenty-six instructors taking part. Questionnaires to both students and instructors produced a large amount of information and many suggestions, and our experience teaches us that our plan must be very elastic to meet the demands of different communities. For instance, in the program now in operation at Tracy and Marshall the course is shorter, and two instructors are sent one week to Tracy, the next to Marshall—the men from Marshall going to Tracy one week, the men from Tracy going to Marshall the next. In the course just getting under way at Austin and Albert Lea, the length of time is only eight weeks, with a single instructor appearing at Austin one day and at Albert Lea the next. It is the desire of the committee to offer these courses with any number of lectures or instructors desired by the local group. A small concise pamphlet covering the general scheme, with necessary details showing how to obtain one of these courses, was mailed to every member of the society with the state program, so all necessary information is now available to each of you. It is not the desire or plan of the committee to urge these courses on any community. Experience has taught us that the best results will be obtained only when the demand comes spontaneously from the local group.

In all of this postgraduate work, the committee has worked intimately with the committee from the medical school, and the medical school and the faculty are wholehearted and absolutely behind this postgraduate and extension work. They take pride in it. They feel that the contact is of great value to the school as well as to the practitioners, and the facilities and resources of the school are placed at our disposal without reservation.

In closing a word must be said of the fine coöperation of the General Extension Division of the University. It is through the facilities of this department that this postgraduate work is made possible without expense to the State Society. Your committee recommends the continuation of the present postgraduate programs for physicians as a jointly coöperative plan of the University Medical School and the State Medical Association.

Respectfully submitted,
N. O. PEARCE,
W. A. O'BRIEN
HILDING BERGLUND,
E. M. HAMMES.

DR. WORKMAN: I move the adoption of the report.

The motion was seconded and carried unanimously.

THE CHAIRMAN: The Committee to review the report of the Committee on Public Health Education will consist of Drs. Scofield, Chairman, Hayes, Henderson, Peter Boysen, Plondke.

Next is the report of the Committee on the Constitution.

DR. SAVAGE: Do you want that read?

THE CHAIRMAN: I think a copy of this proposed Constitution has been sent to every member. Since that report I understand a number of changes have been made by the Council. Do you wish to have the report as amended read?

DR. L. SOGGE: I move that the changes be read to the House of Delegates.

The motion was seconded.

DR. COVENTRY: I would offer an amendment that the changed Constitution be printed in MINNESOTA MEDICINE, and as the attorney has already given an opinion that it cannot be acted upon for one year, we will have plenty of time to digest it in the meantime, and that will facilitate matters a good deal. I refer to the Constitution, not the By-laws.

DR. SAVAGE: The By-laws may be amended now, that is they may be read now and amended tomorrow. The Constitution must be read at this time or we cannot act upon it next year, according to the Constitution under which we are now working.

THE CHAIRMAN: It seems to me, to expedite matters, Dr. Coventry, it would be well to read it to comply with the legal requirements.

DR. PLONDKE: The whole Constitution does not have to be read, as I understand it. It applies only to the amendments.

DR. SAVAGE: According to the Constitution under which we are now operating, the By-laws may be amended, if they are proposed at one session of the House of Delegates, at the next session. However, the Constitution itself must come before this body, then be sent to each component society, and also must be published in MINNESOTA MEDICINE.

THE CHAIRMAN: The amendment was not seconded. Your motion, Dr. Sogge, therefore stands that only the changes to the Constitution be read.

The motion was carried.

Dr. Savage read the proposed amendments to the Constitution.

THE CHAIRMAN: Gentlemen, the adoption of the Constitution is certainly a very important piece of business. A great amount of work, needless to say, has been put upon this, not alone by Dr. Savage and those members of the Committee who have helped him, but it has been read very carefully by the entire Council. Nevertheless, it seemed to us in considering the matter before it was finally adopted we should again place this before a committee of the House of Delegates for their consideration and report on the Constitution tomorrow. We would very much appreciate, therefore, if there are any additions or criticisms to the Constitution, that they be made to the members of this committee that Dr. Johnson has already suggested, providing you decide to have the committee appointed.

DR. G. S. WATTAM: I move that the report be referred to a committee appointed by Dr. Johnson for consideration and report tomorrow.

The motion was seconded and carried.

THE CHAIRMAN: Dr. Johnson has suggested the following committee: Dr. Savage, Chairman, Dr. Baxter, Dr. Adams, Dr. Parker, Dr. Stewart.

Attention has been called to the fact that the By-laws must be presented today in order to be adopted.

DR. SAVAGE: I think these amendments have to be proposed and then lie over a year before they can be acted upon. I should like to state that this Constitution is a composite thing. It represents the opinions of men of various parts of the state and has been twice revised by the Council. It seems to me that the men who have given this a good deal of thought have it in shape, and that it might very readily be attended to now unless they have some changes that amount to something. They have checked it with their own copies; if there are any such changes, well and good; but if there are none I don't see why we shouldn't just let it go for action another year.

THE CHAIRMAN: I think the point is well taken. We will consider the matter further tomorrow. It seems to me this committee should review those as well. There is no objection to taking them separately now.

THE SECRETARY: This refers to the amendments to the By-laws: "These By-laws may be amended at any annual session by a majority vote of all delegates present at that session after the amendments have lain on the table for one day."

DR. SAVAGE: I think it is necessary to go through the changes in the By-laws if this body wishes to adopt them tomorrow. If they wish to adopt the whole thing next year, then this unpleasant duty may be deferred one year.

THE CHAIRMAN: Is there any advantage to be gained by adopting them tomorrow?

DR. SAVAGE: It legalizes some of the committees. This Committee on Public Health Education has no status whatever. I think they should be read today so they can be adopted tomorrow. I think the By-laws should be adopted as amended tomorrow, and it is necessary to read them today, I believe.

A motion was regularly made, seconded and carried, that the changes in the By-laws be read. Dr. Savage read the amendments.

DR. COVENTRY: I move that these changes be entered on the record as amendments to the By-laws and that the report be referred to the last committee appointed to consider the Constitution, for report tomorrow.

The motion was seconded and carried.

THE CHAIRMAN: We are through with the reports of committees and will proceed to the matter of new business.

DR. W. A. JONES: The subject I am about to introduce has already been introduced by Dr. Norris of the Radio Committee with reference to the speech by the Dean. The Hennepin County Medical Society decided that something ought to be drafted for the benefit of the House of Delegates. This may be a presumption on our part, but it was so ordered and so done. At a meeting on the third of May, at which there were 275 men present, including our visitors and speakers and those interested in the work, the following resolution was introduced:

"Whereas, A radio speech, a copy of which is herein incorporated," (I hope it will not be printed again) "was broadcast on February 5, 1926, by the Dean of the Medical School of the University of Minnesota through Station WCCO, therefore be it

"Resolved, That the Minnesota State Medical Association is opposed to the policies broadcast in the abovementioned radio speech; be it further

"Resolved, That the Minnesota Medical Association is opposed to the general policy of admitting patients who can pay to the University Hospital or other public institutions which are supported by taxation. This resolution is not intended to exclude emergency cases or cases certified by the County Commissioner; be it further

"Resolved, That the members of the Minnesota State Medical Association do hereby express their willingness to coöperate with the Board of Regents of the State University of Minnesota and others in authority to the end that an abundance of suitable clinical material secured entirely from the ranks of the worthy poor may be available for medical instruction, and pledge their support in securing public and private funds for this purpose; be it further

"Resolved, That the Hennepin County delegation therefore recommend to the House of Delegates of the State Association that a committee of seven be appointed by the President, Dr. H. M. Johnson, who shall be an active member of this Committee, to inquire into the policies and administration of the medical school and the Minnesota General Hospitals and affiliated hospitals, namely the Todd Memorial, Christian Cancer, the proposed Eustis hospitals, through conference to be held with the committee, the President of the University, the representatives of the Board of Regents of the University of Minnesota, to consider what the future policy of the University shall be concerning the problems under discussion; be it further

"Resolved, That a copy of these resolutions shall be spread upon the minutes of this Association and copies sent to the President of the University of Minnesota and to the President of the Board of Regents."

I move the adoption of this resolution.

DR. CARL DRAKE: This resolution, to my knowledge, was not voted on by the Ramsey County Society, but I think I speak for the Ramsey County Society and for the delegates, unofficially, of course, when I second this motion. The question involved is really one of policy at the University, and I think the appointment of this committee should solve it better than any other method that I know of.

DR. COVENTRY: I should like to offer an amendment that this resolution be referred to a committee of five, three members of that committee to be outside of Ramsey and Hennepin Counties, and that they report back tomorrow on the resolution.

The amendment was seconded.

THE CHAIRMAN: Dr. Johnson has this matter very much at heart, and I regret to say illness prevents his

being here tonight. Dr. Coventry, would you care to modify your number to seven? In that event the same committee could act in both instances.

DR. COVENTRY: That is all right, but I prefer to have the majority of that committee from outside Hennepin and Ramsey Counties.

THE CHAIRMAN: That will be taken care of.

DR. SCHULZE: How is it possible for this committee to report when they are supposed to take conference with the authorities at the University?

THE CHAIRMAN: As I understand, this committee will consider the resolution from all of its aspects. This resolution, as I interpret it, is not so much an object of censure as it is a method to bring about very desirable reformation in the Medical School.

DR. CORBETT: The purpose of these resolutions was not destructive criticism, but rather constructive criticism, giving an opportunity for the committee of seven to be appointed from this body to investigate the matter thoroughly, to meet with all parties concerned, to confer with the Regents, and to iron out the difficulties. A committee of that kind, according to this resolution, will have the power to do these things, and they will have to have time to investigate and think, get together and do everything in the best possible manner for all concerned. It is hoped that after this committee has performed its function, many of the differences of opinion that exist between the University authorities and the medical profession will be found not to exist at all. Therefore, it would seem as though this committee should spend a period of time on this matter, and that we should take action so far as the appointment of the committee is concerned, for that is purely a matter of form. That is the sum and substance of the resolution.

DR. C. B. WRIGHT: I feel that something constructive may come out of this thing, at least we all hope so. If it does, I feel sure that every member of this Association wants to back up the University and make a good school of it. I rather feel it would be a mistake to adopt these resolutions and then appoint a committee to investigate. I don't know how you feel, but I believe it would be better to accept the resolution and then appoint the committee and have them make the inquiry first before we adopt the resolution. When you adopt the resolution you already commit those men to a certain policy, which I think it would be better not to do. In other words, if they are going to inquire into this thing, let them inquire first and then bring in some resolutions. If we get a good committee to investigate the whole situation and report back, that is the action we really want. I feel it would be better to accept the resolutions, place them on file, appoint our committee, and then when the state association gets ready to make resolutions, it can make them.

DR. COVENTRY: Speaking in defense of my amendment, those resolutions as presented, according to my notion, need very careful scrutiny. They involve this society in an angle that will be very embarrassing to us. Everything else that has been brought up in the House today has been referred to a committee to report tomorrow. I dare say there has not been a thing presented today of more importance than that resolution as far as the policy of this society is concerned, and, therefore, I speak in favor of the amendment that I offered that it be referred to a committee to report tomorrow.

DR. SAVAGE: I second Dr. Coventry's amendment. When I first saw this resolution it seemed like a very valuable thing, but on careful study it takes on the nature of an absolute condemnation. It may be wrong; it may be right. I don't know. I think the men from Hennepin County are in far better position to judge whether it is right or not. I think the resolution with the condemning clause stricken would put us in far better light and get us further with the Board of Regents and with the investigation of this matter. I agree that if the committee would first investigate and then bring in a complaint perhaps it would be better.

DR. CORBETT: This resolution has been very carefully gone over again and again and again. It is general. The very fact that it mentions the Todd Hospital, the Cancer Hospital and others is an admission that it is not absolute. Further, it gives the Regents of the University a knowledge of how we feel about it. We have a right to our opinion, and I think we should furnish a copy of this resolution to the Regents as our stand. We owe it to them to let them know how we feel about it. We should have this thing defined. What limits should there be with a pay patient at the University Hospital? Should there be no limit at all so they might all be pay patients? Should it be possible for any body of men actually to encourage the pay patient to the University Hospital to such an extent that the worthy poor might be included? These things have to be thought of. Such a thing is a possible thing, not an idle dream, and in general we are opposed to pay patients, not in all instances, but that is left very elastic for this committee to work on. I think it is the sentiment in general that the pay patients should never be allowed to come in to any tax supported institution to such an extent that it is a material or considerable factor. In gifts that are made to the University they may have to fulfill a condition, but I feel that the pay patient should be discouraged, and that we should go on record as discouraging any great increase in the number of pay patients at the University Hospital or any other hospital that is tax supported. I feel it is not to the best interests of either the institution or the doctor.

Dr. Coventry's amendment was carried, and the motion as amended was carried.

THE CHAIRMAN: The Committee will consist of Dr. Johnson as Chairman, as stated in the resolution, Dr. C. C. Kennedy, Dr. George Head, Dr. George Earl, Dr. Arthur Collins, Dr. E. S. Judd, and Dr. W. L. Burnap. They will meet and report tomorrow to the House of Delegates.

DR. ROSENBERRY: I have a memorandum from the Winona County Medical Society with respect to this same matter.

Dr. Rosenberry read the resolution.

Winona, Minn., May 15, 1926.

The Minnesota State Medical Association:

The Winona County Medical Society, called in extra session to discuss an excerpt from remarks made by Dr. E. P. Lyon of Minneapolis, at the Annual Medical Congress on Education, Medical Licensure, Public Health and Hospital, March 10, 1925, and published in the Journal of American Medical Association April 10, 1925, and an alleged speech by Dr. E. P. Lyon, Dean of the Medical Department of the University of Minnesota, given over WCCO February 5, 1926.

After thorough discussion of these two matters, the Winona Medical Society does go emphatically on record as opposed to socialization of the practice of medicine; that his alleged speech, broadcasted throughout the country, was, to say the least, in very bad taste; that his severe and unwarranted attack on every hospital and practicing physician that does not belong to the teaching faculty of the University of Minnesota, is a breach of professional ethics, which if any other hospital or staff were guilty of would probably meet the severe condemnation and contempt of the profession.

Be it therefore resolved, That his action in these matters be referred to the House of Delegates of the Minnesota Medical Association and the Medical Faculty of the University; that this Society requests the House of Delegates to call the attention of the University Regents and Faculty to these matters. This Society feels that Dr. Lyon is not a suitable man to occupy the position of Dean of the Medical Faculty.

The delegate of this Society is instructed to bring this matter to the attention of the House of Delegates of the Minnesota State Medical Association.

DR. WATTAM: I move that it be referred to the same committee.

The motion was seconded and carried.

DR. CARL DRAKE: The matter of dues has been brought up. Is this the proper time to talk about it? According to this Constitution it cannot be brought up until a year from now. The Association has a good deal of work that it has planned to do, and it needs some funds. I think the feeling in regard to the necessity for increasing the dues was rather unanimous. I move that the dues, beginning 1927, be increased to $15. According to the Constitution as I read it, this change requires a four-fifths vote of the delegates to go into effect next year.

THE CHAIRMAN: It was read last year and will have to be passed upon now before your motion is in order. I will ask the Secretary to read the amendment as read last year.

THE SECRETARY: Last year at the House of Delegates' meeting an amendment to the Constitution was presented and should have been voted upon as old business, but it slipped by. The amendment as presented by Dr. Braasch last year was to Article II of the Constitution, "Funds and Expenses," and read as follows:

"Funds shall be raised by an equal per capita assessment on each component society. The amount of the assessment shall be fixed by the House of Delegates, but shall not exceed the sum of eight or ten dollars per capita per annum, except on a four-fifths vote of the delegates present."

DR. PLONDKE: I have the legal opinion of Mr. Oppenheimer in which he states it is impossible to increase the dues under the old Constitution, and for that reason, if there is no second to the other motion, I move that there be an assessment of $15 levied on each member of the Society.

THE CHAIRMAN: What is the opinion from the counsel?

DR. PLONDKE: "The practical solution of the problem would therefore appear to me, if your Association so desires, to have the House of Delegates adopt the foregoing amendment by two-thirds vote and then have the House of Delegates by a four-fifths vote levy an assessment of the amount deemed necessary."

THE CHAIRMAN: Does he state this amendment cannot be made at this meeting?

DR. PLONDKE: He says you cannot increase the dues. You can levy an assessment. I should have said levy an assessment of $10.

DR. COVENTRY: According to the Constitution you can offer an amendment to the Constitution but it must be voted on at the following annual meeting. That resolution was offered last year to raise the dues to $10. At this meeting we can vote upon that resolution, which is an amendment to the Constitution. That will make the dues $10, and then you can have a motion for an assessment of $5 and get it up to $15.

THE CHAIRMAN: The Chair rules that Dr. Coventry's point is well taken. Therefore, a motion to adopt this amendment as read is in order.

A motion was regularly made and seconded that the amendment be adopted.

DR. PLONDKE: The counsel says, "It is our opinion that you cannot legally adopt an amendment to the Constitution unless such amendment in substance at least shall have been presented in open meeting." His opinion is to levy an assessment.

THE CHAIRMAN: It was presented in open meeting last year. We did it just for the purpose of voting on it as we propose to do today.

DR. PLONDKE: Was it for the amount that we want to raise it today?

THE CHAIRMAN: What we propose to do is to change the dues according to Dr. Drake's motion to $15. That can be done under this resolution by a four-fifths vote.

DR. DRAKE: We are not trying to change the Constitution. The Constitution says that the dues shall not be over $5 except on a four-fifths vote of the delegates present. It doesn't make any difference whether it is two, three, four, five or fifteen; there is the exception that the assessment can be made on a four-fifths vote.

THE CHAIRMAN: Do you mean that this amendment, then, is unnecessary?

DR DRAKE: According to our Constitution we can make that assessment anything we want any year. This is on Page 5: "Funds shall be raised by an equal per capita assessment on each component society. The amount of the assessment shall be fixed by the House

of Delegates, but shall not exceed the sum of $5 per capita per annum except on a four-fifths vote of the delegates present." If we have a four-fifths vote we can make it a thousand dollars if we want to—but I don't want to.

DR PLONDKE: You said dues; I am talking about an assessment. The paragraph you read said assessment.

THE CHAIRMAN: The question before the House is the adoption of this amendment: "Funds shall be raised by an equal per capita assessment on each component society. The amount of the assessment shall be fixed by the House of Delegates, but shall not exceed the sum of $10 per capita per annum, except on a four-fifths vote of the Delegates present."

DR. HARE: It seems to me that we might facilitate matters very much by laying this amendment on the table and then assessing each member $15. If we adopt this amendment, then we must of necessity levy an assessment in addition, because this makes the dues $10, rather $8 or $10. It does not set the amount of the dues, but says they shall not exceed $10. However, if we levy an assessment of $15, we have done the whole thing in one movement. That being the case, I move that the amendment lay on the table. The assessment is the dues.

DR. COVENTRY: You have an opinion from your lawyer. If we pay annual dues we pay annual assessments.

DR. PLONDKE: It is simply a difference in the word.

DR. COVENTRY: Were my dues $5 or $10? I thought I paid $5 dues and $5 assessments. According to that wording I paid $10 assessment.

Dr. Hare's motion to table was seconded.

DR. DRAKE: Does it say anywhere in the Constitution that we pay dues?

THE SECRETARY: "Funds and Expenses. Funds shall be raised by an equal per capita assessment on each component society. The amount of such assessment shall be fixed by the House of Delegates, but shall not exceed the sum of $5 per capita per annum except on a four-fifths vote of the Delegates present." It does not say dues; it says assessments all the way through.

THE CHAIRMAN: We can clarify the situation by following the suggestion of Dr. Hare.

Dr. Hare's motion was carried.

DR. HARE: I now wish to make a motion that the assessment for the coming year be levied at $15 per capita.

The motion was seconded by Dr. Drake.

DR. OPPEGAARD: I wonder how many have been secretary of their component society. I happen to have been secretary in an outlying district where we have a large territory to cover, about eight counties, with this year fifty-three members. I have had to spend half the time answering the question of what the special assessment was for. Dues is one thing; assessment is something else. There is no difficulty as far as the dues go, but if you have an assessment it requires an explanation.

THE CHAIRMAN: You apparently are in a district where Dr. Herman Johnson and his cohorts have not yet gone. What you need is a medical economics meeting.

DR. OPPEGAARD: I was instructed to vote for $10. I think we will find that we will have several drop out.

DR. HARE: May I suggest that the assessment be levied as an assessment and collected as dues.

DR. STEWART: In the old By-laws, Section 13, Chapter 10, Page 26, it says, "The Secretary of each component society shall forward his assessment." Assessment means dues.

The motion made by Dr. Hare was carried, forty-eight in favor and nine opposed.

DR. MALONEY: I should like to submit the following resolution:

"Be It Resolved, That it is the sense of this meeting that the State Medical Association maintain a full-time man to represent them during the coming session of the legislature."

We all know why the assessment was made. This resolution is to give the Council our opinion on how some of the money is to be spent. We know what was done with part of the last assessment, and this is just to sanction the spending of some more in the same way.

I move the adoption of this resolution.

The motion was seconded and carried.

DR F. S. WARREN: Rice County voted in favor of this raise in the assessment, but they instructed me to ask that a budget of intended expense be sent to the county.

DR. HAMILTON: I should like to present a resolution on behalf of the delegate from the Hennepin County Medical Society on expert testimony in court. In view of what Dr. Rothrock said about the proceedings of the A. M. A., it is not necessary to say much as an introduction. The special reason for introducing a resolution of this sort at this time is that the legal profession is very much interested at the present time in reforming court procedure.

RESOLUTION

Whereas, There is at the present time widespread and serious criticism of the laws and practices governing the use of expert witnesses and the introduction of expert testimony before courts and juries; and

Whereas, The subject is one of particular and vital interest to the members of all of the professions; and

Whereas, It appears that a satisfactory solution of the problems involved requires the preparation of legislation to supplement the present laws governing the subject in the State of Minnesota;

Now therefore be it resolved:

First: That an invitation should be extended to representatives of all the professions urging their coöperation in the preparation of legislation designed to eliminate the present unsatisfactory practices connected with the introduction of expert testimony, and to provide a new method which will accomplish the purpose which expert testimony is intended to accomplish.

Second: That in such work the representatives of the various professions should consider, among others, the following questions:

(a) Is it true that the present system is wrong in that it permits litigants to call experts on questions involved in the trial of cases and that after such witnesses have examined the subject of litigation they oftentimes testify to wholly opposite conclusions as a result of such examinations?

(b) Should power be granted to the court to appoint disinterested experts to examine the subject matter of any litigation and to testify in a non-partisan capacity, subject to cross examination by either of the litigants?

(c) Should fees for such services, so rendered upon appointment by the court, be paid by the state?

(d) Should the number of experts to be used in any case be determined by the court upon the importance of and the amount involved in the litigation?

(e) Should such appointment be made by the court on its own motion or upon application by one or the other or both of the litigants within a reasonable time before the calling of such cause for trial?

(f) Should all experts be barred from testifying in particular cases except those who were appointed by the court or those chosen by the litigants, who had prior to the trial actually been present and conferred with the experts appointed by the court at a time fixed by the court?

"We move that the President of the Minnesota State Medical Association be requested to appoint a commission of five medical men who in conjunction with groups from other professions are to study problems concerning expert testimony. The commission should further have for its purpose the reform of the present unsatisfactory and unfair method of introducing expert evidence."

I may say that the legal profession certainly will be represented by such a commission, and it seems to me the medical profession is sufficiently interested in it to be so represented also.

DR. COVENTRY: I move the resolution be adopted.

The motion was seconded.

DR. PLONDKE: Possibly I did not understand this resolution correctly, but if I did it covers all expert testimony. Does that mean also in malpractice suits in selecting your witnesses? Suppose, for example, I were sued for malpractice. Wouldn't I select my own expert witnesses?

DR. HAMILTON: We have a document in this country known as the Constitution, which is a very great disturbing factor when it comes to the question of reviving expert procedure in court in testimony. The attorneys say that every man has a right to choose his own witnesses and to cross-examine the witnesses presented by the other side. I should think it would be impossible for any one to be deprived of the right of introducing witnesses. The idea is that there probably will be some action taken revising the introduction of expert testimony, not medical testimony, but expert testimony from any professional standpoint. Of course, our commission so appointed would merely serve in respect to medical expert testimony. I suppose the commissions together probably would have something to offer in the legislature. There are certain things, so the lawyers say, that as long as the Constitution stands cannot be abrogated, and the right to select your witnesses is one of them.

DR. PLONDKE: I happen to be in a position where I select witnesses, and if we had to rely on the judge to appoint the witnesses, according to Dr. Rothrock's report, it would be rather embarrassing for us.

DR. C. B. WRIGHT: As I understand it, this is simply a committee to investigate. Don't they have to report to the House of Delegates before they take any action in the matter?

THE CHAIRMAN: I understand the resolution calls for the appointment of a commission by the President to investigate and report later.

DR. JONES: It will take them about two years to report.

The motion was carried.

DR. W. A. JONES: This is a resolution from the Minneapolis Health Department. I want to refer it to the proper committee or have it accepted.

RESOLUTION

Whereas, Public health and preventive medicine has developed in the past fifty years as a coödinated outgrowth of the medical profession, and

Whereas, The medical profession is in full accord and in sympathy with the present administration of public health and preventive medicine, and

Whereas, Proper administration of public health and preventive medicine is dependent upon the coördination and coöperation of the medical profession, and

Whereas, The trend in public health education today is toward the education of laymen, not physicians, and the preparing of such laymen, not physicians, to hold positions of public health administrators in states, counties, and cities, and

Whereas, We believe that a policy leading to the establishment of public health administration by public health officials, not physicians, is a policy not to the best interests of the public, and

Whereas, The medical profession has always stood shoulder to shoulder in public health and preventive medicine activities in the community,

Now, therefore, be it resolved, That the Minnesota State Medical Association looks upon the trend in public health education which tends to eliminate the physician from administrative functions as a policy detrimental to the best interests of the community,

Therefore, be it further resolved, That we condemn the practice of public health education, of conferring degrees and preparing for public health administrative office for states, counties, and cities, persons not properly qualified to deal in the important functions of preventive medicine or to coöperate satisfactorily with physicians in general practice in the community because of the lack of knowledge necessary and which is acquired only by persons with the degree of doctor of medicine, and

Be it further resolved, That it is the sense of this Association that state, county and local health officers

should have obtained the education leading to and the award of the degree Doctor of Medicine before and in addition to any other degree that may be held by the applicant, whether in science or in public health.

THE CHAIRMAN: I suggest it might be referred to the Committee on Public Policy and Legislation to report back tomorrow.

DR. JONES: All right.

THE CHAIRMAN: The resolution which Dr. Jones brings forward is one which I think probably will require a little study, and the suggestion has been made that we refer it to the Committee on Public Policy and Legislation, who will report back tomorrow, if that meets with your approval.

DR. JONES: I so move.

The motion was seconded and carried.

DR. WORKMAN: At the meeting of the Council on October 12th, this resolution was adopted:

"It is moved, seconded and carried that the following plan of redistricting suggested by Dr. Workman be adopted subject to ratification of the House of Delegates. It was moved, seconded and carried that the President appoint a new Councilor of the new Ninth District, subject to the ratification of the House of Delegates."

Dr. Workman read the plan of redistricting.

DR. WORKMAN: This new districting was made so it would be much easier for Councilors to cover their districts. Under the old plan it was almost impossible for some of the Councilors to visit their different counties.

I move the adoption of this report.

The motion was seconded and carried unanimously.

THE CHAIRMAN: A letter has been received from Dr. Woodward, Executive Secretary of the Bureau of Legal Medicine and Legislation, to Dr. Meyerding, which will be referred to the Legislative Committee for report tomorrow.

If there is nothing further, this session is ready to adjourn.

THE SECRETARY: I suggest we meet tomorrow at twelve o'clock in the banquet room. We can meet until two o'clock and have luncheon served.

The session adjourned at six-fifty-five o'clock.

SECOND MEETING OF THE HOUSE OF DELEGATES, MASONIC TEMPLE, MAY 18, 1926, AT 12:00 O'CLOCK.

Dr. A. N. Collins of Duluth, Second Vice President, presiding.

Credentials Committee reported as follows:

Of a total number of sixty Delegates, fifty-three were present.

Dr. F. J. Savage, Chairman of the Constitution and By-Laws Committee, reported as follows:

The Committee that was appointed to make suggestions about the proposed revisions makes three suggestions. On page five a little change in the wording from "Funds shall be raised by an equal per capita assessment on each component society" to "Funds shall be raised by an equal per capita assessment of members."

Then there is another change. I have been unable to see all the members of the Committee, but those I have seen have expressed their desire to see one other clause here modified. It reads now as follows, on the same page: "The amount of the assessment shall be fixed by the House of Delegates, but shall not exceed the sum of fifteen dollars ($15.00) per capita per annum except on four-fifths vote of the delegates present." The suggestion is made that the term "two-thirds" instead of "four-fifths" be used.

The third matter, as the Committee suggested last night, was to transpose the election of delegates to the A. M. A. from being one of the functions of the House of Delegates to be made a function of the Council. It would read as follows, and be inserted on Page 13, Section 11: "It shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body." The Committee last night voted to add this clause: "The Association shall pay the expenses of the delegates in attending the Annual Meeting of the A. M. A."

These changes were taken up at the Council meeting, and the expressed opinion of the Council was that payment of the expenses to be incorporated in the Constitution at this time, would be inadvisable.

Those are all the changes that were made.

DR. JONES: Would it be out of order to suggest that this matter be referred back to the Committee until they consult with the A. M. A. Constitution and By-Laws and adopt them, so as to be as uniform as possible? It would put us in a much better position.

DR. SAVAGE: As I understand it, the A. M. A. prescribes the term of office of the various representatives for the different states and this Association is governed by this. But this refers to the manner of election of those officers only. As far as the time is concerned, the term of office, I understand, is settled by the Constitution of the A. M. A.

DR. JONES: We should conform it as near as possible to the A. M. A.

DR. MEYERDING: The American Medical Association print a little pamphlet, and we have all consulted that before making the By-Laws. We originally started out that way.

DR. COLLINS: Do these explanations satisfy you in the matter?

DR. JONES: Yes.

DR. SAVAGE: On page 26 of the By-Laws, Section 13, it reads: "The Secretary of each component society shall forward its assessment together with its roster of officers and members, list of delegates, and list of non-affiliated physicians of the country, to the Secretary of this Association each year before December 31st."

If the words "The Secretary of each component society shall forward the assessment of its members" instead of "The Secretary of each component society shall forward its assessment" be used then this will conform with the other clause. Is that agreeable?

Question—If we adopt these clauses does it take with it the payment of the delegates' expenses to the A. M. A. or not?

DR. SAVAGE: I tried to make it clear that this Committee recommends that their expenses be paid, but the Council disapproves of it. It is open for discussion.

Motion made that the changes be considered one at a time; seconded.

DR. SAVAGE: The first change will then read: "Funds shall be raised by an equal per capita assessment of members."

The second change in Article X will read: "The amount of the assessment shall be fixed by the House of Delegates, but shall not exceed the sum of Fifteen Dollars ($15.00) per capita per annum except on a two-thirds vote of the delegates present."

Seconded by Dr. Schulze; carried.

DR. SAVAGE: The next matter was the transposition of the Article on the election of representatives to the A. M. A., taking it away from the House of Delegates and putting it in the hands of the Council.

In the discussion of that in the Council this morning, (taken away from one of the functions of the House—Page 10 on bottom) the Council felt that it might be better to change this and make it read "that the Council should nominate delegates to the A. M. A., subject to the ratification of the House"; some such words as that. Then the other matter as to whether or not the expenses should be paid; these are open for discussion.

DR. W. A. COVENTRY: I move that the Articles be revised to read "that the delegates to the A. M. A. shall be nominated by the Council and voted upon by the House of Delegates."

Seconded by Dr. Baxter.

DR. STEWART: The Committee you appointed yesterday have in mind that you should have delegates to the A. M. A. attend year after year, and it seemed to the Committee that this would be more sure to be carried out by leaving it to the Council, than by leaving it to the House of Delegates.

DR. COVENTRY: I spoke for the Councilors; I do not think that they ought to be invested with too much power. I think we should leave it to the House of Delegates.

DR. ROTHROCK: The form presented by the American Medical Association as a Model Constitution for the State Association, which is now being adopted by the State Associations, contains a clause which I will read: "Chapter IV—Election of Officers—The House of Delegates on the first day of the Annual Session shall elect a committee on nominations consisting of ———— delegates, one from each councilor district. The committee on nominations shall report the result of its deliberations to the House of Delegates in the form of a ticket containing the names of members for the various offices."

A clause, furthermore, is provided that additional nominations shall be made from the floor, by members of the House of Delegates.

It can simplify matters and help a great deal, and it seems to me you can get very satisfactory candidates by having somebody make up a ticket.

DR JOHNSON: That works all right, but this isn't such a big society, and I think instead of trying to make this an autocratic organization we should make it democratic. No man can become President of this Association unless he is worthy of it.

I think there is one tendency in the A. M. A. that the Board of Trustees is trying to accumulate too much power on its side and then the House of Delegates has to fight.

I admire our Council very much, but we don't always agree, although they have been there a long time. Why not be prepared? I would suggest that things be done in the House of Delegates, especially concerning election of officers.

That is my personal opinion.

DR. SAVAGE: Dr. Rothrock made the suggestion some time ago, when the Constitution was considered by the Council, that I read this clause from the Model Constitution. The Council did not approve of it when it was taken up.

I stated that Dr. Rothrock had made the suggestion, and they asked if he were in the house and you had already left, Dr. Rothrock, so that this matter has been presented both to the Council and to the House of Delegates, and the opinion seems to conform with what Dr. Johnson says, so that that unit would not be advisable to incorporate in the Constitution.

DR. WRIGHT: Moved "that in addition to the nominations made by the Council that nominations may be made by the House of Delegates." Seconded; carried.

DR. COLLINS: Do you wish to adopt the By-Laws as a whole?

DR. DRAKE: There is so much talk about this Constitution and the By-Laws that I haven't it very clear in mind just what these minor changes are. If there is no reason to the contrary, why wouldn't it be all right to hold them over for another year, and vote on them together next year? Unless there is some reason I would make that motion that the By-Laws be submitted, along with the Constitution, for action next year.

Seconded by Dr. Jones.

DR. SAVAGE: The first thing is to get in operation the various committees. This Committee on Public Policy has no legal standing. We just exist. Unless these By-Laws are wanted, we have some authority for being in existence.

One little matter in regard to the Editing and Publishing Committee is that if these By-Laws are not adopted it probably won't make any difference, but the determination of the salaries by the Editing and Publishing Committee at the present time is up to the Editing and Publishing Committee. Any deficit is up to the Council.

With this adopted, the salaries of those connected with the Editing and Publishing is up to that Committee, subject to the approval of the Council.

Those are just the differences between not adopting the By-Laws now or adopting them.

DR. MEYERDING: The By-Laws now give us authority to do it. It would be a great convenience if we had something definite to go by.

DR. DRAKE: That being the case I am only too willing to withdraw my motion.

Dr. Jones also withdrew his second.

Dr. Schuldt moved that the By-Laws as amended be adopted as a whole. Seconded; carried unanimously.

The following officers were duly nominated and elected:

President, Dr. William F. Braasch, Rochester
First Vice President, Dr. H. B. Aitkens, LeSueur Center
Second Vice President, Dr. S. H. Boyer, Duluth
Third Vice President, Dr. F. E. Gray, Marshall
Secretary, Dr. E. A. Meyerding, Saint Paul
Treasurer, Dr. Earle R. Hare, Minneapolis.
Councilors:
First District, Dr. Melvin S. Henderson, Rochester. It was voted that the appointment of Dr. L. Sogge, Windom, as Councilor for the Second District, and Dr. W. A. Coventry, Duluth, as Councilor for the Ninth District, be confirmed.
A. M. A. Delegate, Dr. J. L. Rothrock, Saint Paul
Alternate, Dr. W. A. Coventry, Duluth
A. M. A. Delegate, Dr. W. L. Burnap, Fergus Falls
Alternate, Dr. O. J. Hagen, Moorhead
Alternate to Dr. J. C. Litzenberg to succeed Dr. Burnap, Dr. R. T. La Vake, Minneapolis.

DR. COLLINS: We are now ready to hear a report of the Council by Dr. Workman.

DR. WORKMAN: Second meeting of the Council held in the Blue Room, Masonic Temple, at 9 a. m., May 18th.

Members present: Drs. Workman, Coventry, Sogge, Condit, Braasch, Wattam, Savage, Meyerding.

The Council recommends to the House of Delegates that the following be made honorary members of the State Association: G. E. Putney, M.D., Paynesville, Graduate of Harvard, 1876; J. H. James, M.D., Mankato, Graduate of University of New York City, 1875.

Dr. Meyerding brought up the matter of the Chisago-Pine County Medical Society complaining of the action of Dr. Fink of Minneapolis. It was the opinion of the Council that this matter should be referred to Hennepin County Medical Society for investigation and report.

Motion made by Dr. Condit, seconded and carried that the Public Health Education Committee be allowed $200 per month to carry on their work. This appropriation is to go into effect June 1, 1926.

The matter of paying the expenses of the delegates to the American Medical Association was taken up and after discussion a motion was made, seconded and carried that this matter be laid on the table at the present time, because of insufficient funds.

It was suggested that the State Secretary write to other State Secretaries and investigate the matter of paying delegates' expenses to the A. M. A.

A letter was read from Dr. O'Brien in regard to an exhibit at the State Fair the coming year, and a motion was made, seconded and carried that this be laid on the table.

Dr. Sogge suggested that before the end of the year the State Secretary send to all members a letter explaining what the State Association has done, and what it intends to accomplish, so that all members may be more familiar with the work of the Association.

Dr. Savage brought up the matter of the Constitution, and same was discussed.

Meeting adjourned.

DR. COLLINS: The Council recommends to the House that the following be made honorary members of this Association:

G. E. Putney, M.D., Paynesville, Graduate of Harvard, 1876.

J. H. James, M.D., Mankato, Graduate of University of New York City, 1875.

In adopting this report this will automatically take care of this.

Moved and seconded that the Report of the Council be accepted.

DR. LIDA OSBORN: I would like to say for the Blue Earth County Medical Society that Dr. James was made a life member of our County Society. I know he would object to be an honorary member, because he has no active part in the proceedings, and I should suggest, until he requests to be made an honorary member, that this be withdrawn. Dr. James desires to continue as an active member.

DR. COLLINS: Do you wish his name stricken from the list?

DR. OSBORN: I will find out from our Society. Of course, nothing was said of it. He has always taken an active part and he thought he would have no active part if he was an honorary member. Of course, if he requests it, it would be different. I wish you would not act on that just yet.

DR. COLLINS: Taking into consideration the matter about Dr. James, do you wish to vote on the report?

Motion was made to adopt the report and leave the matter of Dr. James out for the present time and refer it to the Council. Seconded; carried.

DR. COLLINS: The next is the Public Health Committee Report; Dr. C. L. Scofield Chairman.

DR. SCOFIELD: I must confess that that Committee did not function. I was unable to get a copy of that report, and was also unable to act on it. Chairman, we would be glad to listen to Dr. Fishbein.

DR. FISHBEIN: Yesterday I heard the original report of the Committee as presented by Dr. Wright, and that dealt particularly with the question of the "Relation of Medicine and the Public Press" and perhaps some of you were present last evening and heard Mr. Galt speak on this subject.

In Chicago we have had a very close relationship with the Press. That relationship has worked out to the great advantage of Medicine.

Not long ago the Board of Trustees of the American Medical Association was asked to consider certain violences of certain subjects whereby great stress was placed on the view of the statements of a man who read a paper having a great deal to say on unorganized hospitals and other similar subjects. And the Board of Trustees made the particular request that in the matter of issuing publicity relating to Medicine and

similar subjects, not to permit such false impressions to occur.

We have fixed our publicity so as to secure complete coöperation with the Press. This is actually a matter of close organization; it means that you must be in readiness to supply the newspapers with information on medical defense, when such information is called for; it means that you must have a complete understanding of newspaper methods.

Because of legal complications, newspapers often find it impossible to publish indefinite stories, without some definite person or organization on which to pin those stories. If a story is printed with a definite relationship to an organization or individual in the medical profession, the story is recognized by the legal authorities as a story with foundation and truth.

For that reason we are not very conservative in our relation with the Press in using the name of a physician who has accomplished something worthy of merit. If a man is big enough to receive the recognition of the whole medical profession, the medical profession as such should not be so small as to resent that due credit be given to him before the public, as well as before the profession. It is that attitude that we adopt in issuing our work.

It would appear to me to be a rather small thing to resent their names being published in the press for their merit. Of course, I know there are many men who value the publicity and who take advantage of every possible thing to get their names in the press. I know I can name you all the publicity hounds in Chicago and perhaps some in St. Paul. That being the case it would seem to me best to have within the Medical Society a Committee, called the Publicity Committee.

If this Committee will be ready at all times to consider and pass on medical subjects and be ready to serve the press in that manner, you will have the best coöperation with the Press.

Our experience has gone so far as when a medical news item comes into the Press office they call this Committee and ask if it is all right, or if it is not all right. They will not print it unless we say it is all right. And that same thing happens in the midwest headquarters of the Associated Press.

In other cities where they have these Committees they get equally good results. The Public Relations Committee has just exactly that conception in mind, and it seems to me that they should have every encouragement to do that in order to do away with all fallacies and other errors.

DR. WRIGHT: Is it in order to discuss this subject?

DR. COLLINS: Yes.

DR. WRIGHT: Being a member of that Committee, at the last meeting when this was discussed, I felt that there was no necessity for the names of that Committee to be used publicly, and personally I prefer not to use it. My experience with the doctor has been that he doesn't object to publicity for himself, but he seriously objects to publicity for anybody else.

I think we all like to see our names in the paper, but in this organization where the Secretary has such good judgment, I would like to see him known to every newspaper and every man throughout this state who has anything to do with publicity, so that any publicity coming from that Committee can come out under the name of Dr. E. A. Meyerding. I would like to see him be the go-between between our organization and the Public Press.

DR. COLLINS: Inasmuch as there was no report on this matter, we have nothing to adopt.

I wish to thank Dr. Fishbein for giving us the advantage of his experience.

DR. COLLINS: Will the Legislative Committee please report at this time?

A MEMBER: Dr. Bolsta is not here, but he wanted me to suggest that this bill be referred to the Committee on Public Health Education.

DR. T. J. MALONEY: I am on that Committee, and there was some discussion yesterday of some censoring of colleges giving degrees of Doctors of Health, which was referred to the Legislative Committee.

I spoke to Dr. Bolsta and he thought that this matter should be referred to the Committee on Public Health for their consideration, and be referred back to the Legislative Committee.

I think this Basic Practice Bill should be laid on the table of the Legislative Committee for further consideration.

DR. MEYERDING: Insofar as the Legislative Committee is concerned regarding the matter Dr. Maloney spoke about, it simply means that they desire that all the Public Health Officers shall be M.D.'s. A lot of schools are giving degrees of Doctors of Public Health to others that are not doctors.

Then there was also a Narcotic Bill.

I would like to suggest that they be referred to one of the standing committees and that they would have power to act.

DR. MALONEY: I move that the suggestion of the Secretary be accepted; that it be left in the Legislative Committee. Seconded; carried.

CHAIRMAN: The matter is brought up as to whether the House of Delegates wish to meet in the fall to consider this Medical Practice act, or whether they wish to refer it to the Legislative Committee.

DR. JOHNSON: Regarding whether the House of Delegates should meet next fall or whether to delegate that power to a Committee concerning that Medical Practice Act, it would be necessary to decide now. There may be other problems which may come up which may make it necessary to call a meeting just the same. But it is up to you. You would have to be prepared to meet a whole day, or possibly more.

But if you want to delegate that power to the Council you could do that. You could select a Committee amongst yourselves, or nominate a Committee to represent the House of Delegates, and they with the Council would have the right to O. K. that Medical Practice Act.

DR. WRIGHT: May I ask that if we have the meeting in the fall, can we finish this Constitution?

DR. MEYERDING: No. The Constitution must be adopted at an Annual Meeting.

DR. PLONDKE: I move that there be a committee of seven appointed, with Dr. Johnson as Chairman of that Committee, to act on this particular question and to meet with the Council next fall.

Seconded by Dr. Judd.

DR. MALONEY: What shall be done with the Legislative Committee then? My idea was to act on this particular bill and work in conjunction with the Legislative Committee. You can appoint the members of your Committee from this Committee if you see fit. There are five members on the Legislative Committee.

DR. PLONDKE: If I may I would like to withdraw my other motion and move that this matter be referred to the Legislative Committee with instructions to act in conjunction with the Council, with power to act. Seconded; carried.

DR. SAVAGE: I would like to present one matter which I do because it is one of Dr. Johnson's hobbies. This matter came up in the Council meeting and it was agreed that it should be a local matter rather than a matter for action by the Council, and I have formed the following resolution:

"Resolved by the House of Delegates that, if the component Medical Societies see fit, it is proper for them to publish and post in public places, as they see fit, the names of their members and to include in these notices the fact that they are members of the Minnesota State Medical Association.

"Be it further resolved that, in lieu of membership cards certifying to membership in the Minnesota State Medical Association, being issued by the Association's Secretary, these certificates shall be 8 by 10 inches in size and shall state some of the principles for which this Association stands."

Seconded by Dr. Clay; carried.

CHAIRMAN: The time and place of next meeting has not yet been decided.

DR. HANEY: If the Association wishes, the St. Louis County would be glad to entertain the Association at Duluth any time it may desire to come there.

DR. CORBETT: I move that the invitation given by Dr. Haney to the State Association to meet in Duluth be accepted.

Seconded by Dr. Hamilton; carried.

DR. F. S. WARREN (Faribault): I would like to say a few words in regard to that "Contract Practice Act" which is being brought up before the doctors and the society in regard to putting doctors in Insurance Companies, carrying insurance on their employees.

About ten days ago we had a meeting in Rice County and at that meeting there were two representatives of Insurance Companies in the Twin Cities, and they put their proposition up before us. They intended to appoint their own physicians in different localities who would take care of employees of different corporations, and any doctors outside of these would receive no attention from Insurance Companies.

When going home, I am going to ask every man at our next meeting to bring this subject up and try to interest this society in holding out against any such proposition.

We gave these Insurance people to understand fully that we charge our own prices, as well as they charge for their insurance. They should not interfere with what we charge. Furthermore, we gave them to understand that the public were not slaves to any Insurance Company and that they had the right to select their own physician.

We have informed the Insurance Companies that we intend to treat them properly; that they should pay our fees; that the cases we get would be treated the same as in our practice and that the people would have the right to go to their own physician.

CHAIRMAN: This is very interesting information.

DR. CORBETT: This is a very difficult problem. While it is true that any corporation has a right to select their own physician, we cannot deny that right, and it would seem that the only remedy is the incorporation of a "Fee Bill" in our Medical Society. That is the only possible suggestion that I can think of, that we have a fixed minimum Fee Bill and that be made a part of membership in every medical society. Something must be done in this connection, because the prices are beyond all reason.

DR. COLLINS: Would you like to nominate a Committee and report to this body next year?

DR. WARREN (Faribault): I vote that a Committee be appointed to take this proposition up before the local societies, and to act upon it. I also want to see that they have legislation.

Not long ago there was in operation this same method in one of the Pullman Companies. They had their shops, their stores, their doctors and dentists, their houses—and if the employees did not use these propositions put before them—rent these houses, etc., they lost their jobs. This was taken up before the law and they did not think it was right. It was slavery.

It was moved and seconded that this Committee be appointed. Carried.

DR. SCHULZE: We have voted on the place of the next meeting, but we haven't decided the time.

DR. COVENTRY: I move that the meeting be held in the Spring, 1927.

Seconded by Dr. Savage. Carried.

DR. STEWART (Owatonna): Some, if not all, county societies have been circularized in regard to giving toxin-antitoxin practically free. I understand in one county they are giving it for something like eighty cents a person. It seems to me that that is something we should not do, and our society in Steele County had a meeting and we have refused to do any of that work except for our regular fee. I do not think any free treatment of this kind should be given.

DR. COVENTRY: I would like to offer a motion that the Minnesota State Medical Association thank the Ramsey County Medical Society for their splendid entertainment for the Minnesota State Medical Association at this time.

Seconded; carried.

DR. PLONDKE: It is the sense of the House of Delegates that each component society appoint a Committee to act as a Publication Committee, and that all medical subjects go to the public through this Committee through the Public Press, and, of course, that the names of this Committee be withheld—that is, the individual names.

If anything comes up, for instance if the local paper would call me up and ask me what I know about a certain subject, and if I could say that "Dr. So-and-So is a member of that Committee and you can get this information from him," it seems to me that that would be a very good way of solving this problem.

I would suggest that the Secretaries of the County Societies would be a good place to refer it to.

DR. SAVAGE: Might I make a suggestion to your motion that instead of calling that "Publication Committee," to designate it "Publicity Committee"?

One of the recommendations in this report of the Committee of Public Health Education, which now lies on the table with nothing done about it, incorporates the recommendation that the component societies organize committees which shall work in conjunction with this State Committee and along similar lines.

I think it would be a very good thing to have your motion incorporate the principles as laid down in our report.

DR. PLONDKE: I move that the sense of this House of Delegates is that each component society appoint a Publicity Committee; that this Committee be for the purpose of supplying the Public Press with news, and so far as possible that the news to the Public Press be given only through this Committee, and that the individual names of this Committee be withheld.

DR. JONES: We have no trouble at all with our publicity in Hennepin County. The principal newspapers in Minneapolis always inquire whether it is reliable or whether it is not. In that way we have no trouble with it at all. There is the Chairman of the Publicity Committee, and he has two associate members with him.

DR. DRAKE: I second Dr. Plondke's motion.

DR. SAVAGE: I would like to add an amendment to that motion, that is "that they function in conjunction with the State Association Committee on Public Health Education."

Seconded by Dr. Plondke. Carried.

DR. SCOFIELD: I would like to suggest that we use the name "Public Health Educational Committee" instead of "Publicity Committee," because I believe that these are really educational matters.

DR. PLONDKE: We are misrepresented so many times by what we find in the Public Press and what we want is the Truth. A Publicity Committee covers Public Health and it is primarily a Publicity Committee. (Carried.)

DR. JOHNSON: The Committee to which you entrusted the power to draw up a resolution which should be presented for either adoption or modification in the House of Delegates in regard to the University Medical School and pay patients, etc., and the medical profession has drawn up a resolution. I now have this resolution as drawn and recommended by this Committee:

"Be it resolved, That the Minnesota State Medical Association disapproves of the general policy of admitting pay patients to the University Hospital.

"Be it further resolved, That a committee of seven including the President of the Association, Dr. H. M. Johnson, who shall be an active member of this committee, be appointed by the President of the Association, and after having fully informed themselves concerning the problems affecting the medical school, arrange a conference between this committee of the Association, the President of the University of Minnesota and representatives of the Board of Regents of the University to consider what the future policy of the University shall be concerning these problems and other problems which may present themselves concerning the medical school and the medical profession.

"Be it further resolved, That the Minnesota State Medical Association reasserts its stand previously taken against the socialization of medicine and state medicine.

"Be it further resolved, That the members of the Minnesota State Medical Association do hereby express their willingness to coöperate with the Board of Regents of the State University of Minnesota and others in authority to the end that an abundance of suitable clinical material, secured entirely from the ranks of the worthy poor, may be available for medical instruction, and pledge their support in securing public and private funds for this purpose;

"Be it further resolved, That a copy of these resolutions be spread upon the minutes of this Association, and copies sent to the President of the University of Minnesota, and to the President of the Board of Regents."

The above resolution is recommended to the House of Delegates by the undersigned committee.

H. M. JOHNSON,
GEORGE DOUGLAS HEAD,
E. S. JUDD,
GEORGE EARL,
CLAUDE C. KENNEDY,
ARTHUR N. COLLINS,
W. L. BURNAP."

Motion was made to use the word "adopt" instead of "accept," which would give more power.

Seconded by Dr. Coventry; carried.

DR. JOHNSON: I want to thank the House of Delegates for the interest that they have taken in all problems that have been taken up. There is so much business coming before the House of Delegates that I think some method should be found so that in order to proceed properly we should have certain reference committees.

I also think that we should have certain committees on resolutions that are coming out. Then all resolutions, with the exception of emergency resolutions, could be presented to these committees sometime before the House meets.

I also want to thank the Vice Presidents. I can assure you that the service I have received is greatly

appreciated. I would like to say this for the future. Remember, it is necessary that we have good Vice Presidents.

I certainly appreciate what everyone has done, and I want to thank you all.

DR. WRIGHT: In conformity with the suggestions made by Dr. Johnson, I think it more wise that the president appoint a Committee of five to study committees of this organization, for instance a Resolutions Committee.

Motion seconded by Dr. Coventry. Carried.

Meeting adjourned.

MONDAY EVENING, MAY 17, 1926

MEDICAL ECONOMICS MEETING

The meeting on Medical Economies was held in the Auditorium of the Masonic Temple, St. Paul, on Monday evening, May 17, 1926, and was called to order at 8:00 o'clock by the Secretary, Dr. E. A. Meyerding, St. Paul.

Mr. Herbert R. Galt, St. Paul, Managing Editor of the Dispatch and Pioneer Press, spoke on the subject "The Medical Profession and the Press."

Dr. Chas. P. Emerson, Dean of the Indiana University School of Medicine, delivered an address on "Degenerative Diseases and Periodic Health Examinations."

Mrs. J. T. Christison, St. Paul, President of the Women's Auxiliary of the Minnesota State Medical Association, spoke on the subject, "The Women's Auxiliary."

Dr. Morris Fishbein, Editor of the American Medical Association Journal, Chicago, delivered an address entitled "Fads and Quacks."

"Problems of the State Medical Association" were discussed by H. M. Johnson, Dawson, President of the State Association, and C. B. Wright, Minneapolis. Due to illness, Dr. W. F. Braasch, Rochester, was unable to appear on the program, and Dr. W. A. O'Brien, University of Minnesota, Minneapolis, made a brief report for the Committee on Hospitals and Medical Education and discussed the University Extension Course.

The meeting adjourned 10:30 p. m.

TUESDAY MORNING, MAY 18, 1926

JOINT SESSION, MEDICAL AND SURGICAL

Called to order by Dr. C. B. Wright, Chairman, at 8:45 a. m., in the Auditorium of the Masonic Temple, St. Paul.

1. Modern Methods of Testing the Acuity of Hearing; Demonstration of Several Types of Audiometers—Horace Newhart, M.D., Minneapolis.
2. Cancer of the Larynx—Gordon B. New, M.D., Rochester.
3. Acute Laryngeal Obstruction—Stuart W. Adler, M.D., Winona.
4. Pathology of Pancreatitis—B. F. Davis, M.D., Duluth.
5. Symposium on Infantile Paralysis:
   a. Its Mechanical Treatment — C. C. Chatterton, M.D., St. Paul.
   b. Its Surgical Treatment—M. S. Henderson, M.D., Rochester.
   c. Correlation of Pathologic and Clinical Pictures—J. C. McKinley, M.D., Minneapolis.
   d. The Treatment of Acute Poliomyelitis with a Poliomyelitis Antistreptococcus Serum—E. C. Rosenow, M.D., Rochester; A. C. Nickel, M.D., Rochester.

INTERMISSION

Clinical and Pathological Demonstrations.

6. Chorea Gravidarum—Neurological Aspect—Frank Whitmore, M.D., St. Paul.
7. Recent Progress of Psychiatry—G. N. Ruhberg, M.D., St. Paul.

   On account of illness in the family, Dr. Orton, Iowa City, Iowa, did not appear on the program.
8. Amnesia, a Clinical Study—E. M. Hammes, M.D., St. Paul.
9. Ureteral Strictures—Edward Bratrud, M.D., Warren.

Meeting adjourned 12:30 p. m.

TUESDAY AFTERNOON, MAY 18, 1926

JOINT SESSION, MEDICAL AND SURGICAL

Called to order by Dr. Theodor Bratrud, Chairman, at 1:45 p. m., in the Auditorium of the Masonic Temple, St. Paul.

1. Moving Pictures of Human Intestinal Protozoa—T. B. Magath, M.D., Rochester.
2. Pericarditis—M. McC. Fischer, M.D., Duluth.
3. Symposium on Cardiovascular Renal Disease, with presentation of cases—Hilding Berglund, M.D., Professor of Medicine, University of Minnesota, Minneapolis; L. G. Rowntree, M.D., Rochester.

   Discussion with relation to Arterial Hypertension—C. P. Emerson, M.D., Dean of Indiana University Medical College, Indianapolis.

   Relation to Surgery—V. C. Hunt, M.D., Rochester.
4. A Consideration of Certain Features of Angina Pectoris—F. M. Smith, M.D., Prof. Theo. and Prac. Med., University of Iowa, Iowa City, Iowa.

INTERMISSION

Clinical and Pathological Demonstrations.

5. Surgical Treatment of Periduodenitis—E. P. Quain, M.D., Bismarck, N. D.
6. Diagonal End to Side Anastomosis—A. N. Collins, M.D., Duluth.
7. Treatment of Some Injuries and Infections of the Hand—M. O. Oppegaard, M.D., Crookston.
8. Hydrocephalus—Surgical Treatment—E. W. Johnson, M.D., Bemidji.
9. Twelve Cases of Trichinosis—F. S. Richardson, M.D., Belgrade.

Adjourned at 5:30 o'clock.

TUESDAY EVENING, MAY 18, 1926

THE ANNUAL BANQUET

The annual banquet was held at the St. Paul Hotel, St. Paul, at 6:30 p. m. At the close of the dinner, the following program was carried out with J. T. Christison as toastmaster:

"Our Guests"—President C. C. Chatterton, M.D., St. Paul.

Due to illness, Mayor Arthur Nelson, St. Paul, was unable to be present and Dr. J. T. Christison extended a welcome.

"Land o' Lakes"—Honorable Clifford Lloyd Hilton, St. Paul, Attorney General of Minnesota.
"Energy of Light"—Chas. H. Mayo, M.D., Rochester.
"The State Association"—W. L. Burnap, M.D., Past President, Fergus Falls; H. M. Johnson, M.D., President, Dawson; W. F. Braasch, M.D., President-elect, Rochester.
"Greetings from North Dakota"—E. P. Quain, M.D., Bismarck, N. D.
"Our Profession"—Chas. P. Emerson, M.D., Indianapolis.

WEDNESDAY MORNING, MAY 19, 1926

JOINT MEETING—MEDICAL AND SURGICAL SECTION

Meeting was called to order by Dr. Theodor Bratrud, Chairman, at 8:45 a. m., in the Auditorum of the Masonic Temple, St. Paul.

1. Relation of Sub-Peritoneal Fat to Abdominal Hernia—C. A. Roeder, M.D., Asst. Prof. Surgery, University of Nebraska, Omaha, Nebraska.
2. Clinic on Diseases of the Thorax—W. S. Lemon, M.D., Rochester; and S. W. Harrington, M.D., Rochester.
3. Treatment of Empyema in the Home—H. J. Lloyd, M.D., Mankato.
4. Post Partum Repair of Obstetrical Injuries—W. A. Coventry, M.D., Duluth.
   Installation of officers.

INTERMISSION

Clinical and Pathological Demonstration.

5. Treatment of Athletic Injuries—C. W. Spears, M.D., Minneapolis.
6. Branchial Cysts and Fistulæ: with a report of five cases—J. A. Johnson, M.D., Minneapolis.
7. Ectopic Gestation; Definition, Classification, Consideration—R. J. Hodapp, M.D., Willmar.
8. Cleft Palate—J. J. Gelz, M.D., St. Cloud.
   Meeting adjourned 12:30 o'clock.

WEDNESDAY AFTERNOON, MAY 19, 1926

JOINT MEETING—MEDICAL AND SURGICAL SECTIONS

Meeting was called to order by Dr. C. B. Wright, Chairman, at 1:30 p. m., in the Auditorium of the Masonic Temple, St. Paul.

1. *X*-Ray Observations in Pneumonia—L. G. Rigler, M.D., Minneapolis.
2. Symposium on Obstetrics:
   a. Maternal Morbidity and the General Practitioner—H. B. Aitkins, M.D., LeSueur.
   b. Sacral Anesthesia in Obstetrics—O. J. Seifert, M.D., New Ulm.
   c. Rural Obstetrics and a Comparative Study of Its Relation to Puerperal Mortality Statistics—W. A. Piper, M.D., Mountain Lake.
   Discussion—Roy Swanson, M.D., Minneapolis; and C. O. Maland, M.D., Minneapolis.
3. Arteriovenous Aneurysm—J. deJ. Pemberton, M.D., Rochester.

INTERMISSION

Clinical and Pathological Demonstrations.

4. Clinic on Gastric Diseases—Arnold Schwyzer, M.D., St. Paul.
   Discussion—F. J. Plondke, M.D., St. Paul.
5. Surgery of the Infant Abdomen—A. A. Zierold, M.D., Minneapolis.
6. Urologic Diagnosis in General Surgery—A. E. Sohmer, M.D., Mankato.
7. Some Abnormal Findings in Diabetes—Donald McCarthy, M.D., Minneapolis.
8. Blindness Associated with Carbon Monoxid Poisoning—W. R. Murray, M.D., Minneapolis.
9. Physiotherapy in Hospital and Group Practice—Wallace H. Cole, St. Paul.
   Meeting adjourned 5:20 o'clock.

THE STATE ASSOCIATION

Banquet Address by Dr. H. M. Johnson, President

Mr. Toastmaster, Distinguished Guests and Fellows of the State Medical Association:

Many changes have occurred in the practice of medicine within recent years due to the many scientific discoveries, which have brought us to realize that in the future one of our duties must be to prevent diseases as well as cure them. The public is taking as much interest in an organized way in the prevention of disease as in its cure. This has brought many new problems, economic, scientific, and legislative, which our profession must solve. The State Medical Association must improve its organization or methods of doing business so as to meet and adjust itself to all these new problems.

This was brought forcibly to my attention while studying the situation and visiting the component societies. I have noted especially the demands upon the profession by lay organizations and individuals for free service where the recipients could well afford to pay for it.

ACTIVITY OF STATE OFFICERS

I have a few suggestions to make—not so much in regard to new machinery—but with a view to speeding up the old machinery and increasing its efficiency. The only new machinery that has been created in the Association is the Committee on Public Health Education. This has been definitely planned to present scientific medicine properly to the public and to co-ordinate health activities within the State of Minnesota, for the best interest of the public and of the medical profession. These suggestions are offered to you for what you think they are worth, and I believe they would have value if followed out.

The President is, and should always be, the active head of the Association. In coöperation with the Vice President, President-elect, and Secretary, he should divide the Association into districts in such a way that every local society would be visited by at least one of these officers every year. He should have with him the councilor of the district and members of active com-

mittees who have some new activity or suggestion they wish to take up with the profession, or who desire to report what their committees are accomplishing. Each component society would be visited at least every third year by the President. I believe these meetings should be special meetings, and the time and arrangements should be made by the state and local secretary.

COUNCILORS

The councilors, according to our constitution, are the governing body of our Association, except when the House of Delegates is in session. They handle our finances and they do it well; besides, they are the court of last resort when it comes to a question of professional ethics. They are given great power by you and it is only proper that we hold them responsible. There is no more important body in our State Medical Association than the council, and if they are active and work well we can be assured of a live Association. Minnesota is particularly fortunate in having councilors who are deeply interested in the welfare of the State Medical Association. Every one of them, as far as I know, has attended or taken part in one or more of these economic meetings; some have even arranged several meetings in their districts. They have aided us in every way to put across the program of new activities, which they have passed on and recommended. The Councilor is the one in his district who is in touch with all the phases of the problems which affect the profession and can be of great service to his local societies, attending their meetings, bringing important matters before them and offering suggestions and advice, which I am sure will be of great value to the societies. I believe they should be a sort of general director of all the societies in their district.

SECRETARY

A very important man in the organization is a good live secretary, without whom no organization can prosper. You are fortunate in having just that kind of a man in Dr. Meyerding. While he is not a full time secretary, nor is he paid as one, he acts as one, and does the work of one, but this cannot go on indefinitely. He must have more help, either a field man or some kind of an assistant. He should have whatever he needs along this line. The activities in the Association have increased a great deal with the consequent increase in the work of that office.

LOCAL SECRETARY AND SOCIETIES

Whether or not local societies are active in the rural district appears to depend much on the Secretary. The careful selection of a man for Secretary who will unselfishly devote much time in getting up programs, and securing a good attendance will be valuable to the society as time goes on and the work increases. I believe the Society should plan on paying the Secretary a sufficient amount to cover such clerical and other expenses as may be incurred.

It is the local Secretary that has the contact and can get members interested in it and the State Association. The local society is the unit on which both the State and the American Medical Association must depend to stand back of all their activities, and these organizations can be no more active or progressive in the long run than the better average of the local societies.

My observations from visiting most of the local societies in Minnesota are such that I can only speak in the highest terms of the efforts made by secretaries in arranging good scientific programs, economic meetings and banquets to promote sociability. I think the latter is very important in every society.

I want to mention what I have seen tried out in a few local societies and what worked well—the papers were given and discussed by local men, but doctors from outside, who were well versed in the subjects, did the final summing up.

The members of the component societies have shown great interest in the activities proposed by the State Association, and many doctors in these societies spoke more strongly for them than even we were able to do. We can all be proud of the fact that at no meeting which we attended was there ever a vote against the new program or the raising of dues, and every one without exception wanted the society to be on a practical business basis.

For some years past the American Medical Association has held annually a meeting of state secretaries to discuss the economic problems of the medical profession. It seems that the time is ripe for the secretaries of our component societies to hold a similar meeting, at which the state officers and members of the various standing committees should be present and take part, so that these secretaries can be fully informed and the various problems can be discussed. It may in time be deemed advisable that the actual expense of such a meeting be paid by the State Association, as is done by the A. M. A.

There is no one who is better situated than the secretary to make contact with the members. No one can represent the State Association before the local societies better than the secretary. The secretary of the component society is a connecting link between the state society and its direct representative in the local society; he is also to a great extent the business manager and general promoter of the interests of the local society.

HOUSE OF DELEGATES

It appears to me that the time is at hand when the House of Delegates must meet a day earlier or in a special session. There are matters so vital to the profession that are constantly arising and that require the consideration by a representative group from every society that we foresee the time when a special session of the House of Delegates will be called.

Our House of Delegates may well adopt the methods of the House of Delegates of the American Medical Association. I refer especially to the procedure that provides for the consideration of all matters of importance by the committees under whose jurisdiction they should come. I suggest that in the future members having resolutions to be brought up should send them to the state secretary or to the chairmen of the respective committees some weeks previous to the meeting of the House of Delegates, so that careful consideration could be given to these subjects before the meeting of the Delegates. It might be well for our secretary to analyze the methods of procedure of the House of Delegates of the American Medical Associa-

tion and to send a statement of this in abstract to the members of our own House of Delegates, in order that we may follow this procedure efficiently in our future meetings.

Then there is the need for sending carefully selected men from each society to the House of Delegates. Be sure that your delegates attend the meetings so that they can report to the societies. These delegates should not be changed too often, if they prove to be the right type of men. A delegate who has regularly attended his County Medical Society meetings should be fully conversant with the opinion and the wishes of that Society in matters affecting policies of the State organization, and it is his duty, when representing his society in the State organization, to present, not his own opinion, but the opinion of the constituency he represents.

AMERICAN MEDICAL ASSOCIATION

Just a few words about the A. M. A. and its officers. By accident I became a member of the House of Delegates to the A. M. A. and saw its inside workings. I would say there are probably some politics played in electing the president and selecting the meeting place, but outside of that they were looking out for the best interests of the profession at large. The men were earnest, honest and very able and looked after our interests in the best possible way. We met the officers like West, the Secretary; Woodward of the Medico-Legal Department of the Association; Colwell, Secretary of the Committee of Medical Education, Medical Licensure and Hospitals. We also met the very keen and efficient editor of the American Medical Association Journal, Dr. Fishbein. He was just as active and interested in the A. M. A. as any man man ever can be. You have now all had the pleasure of hearing him, and many of you have met him. There is nothing that I can say about him which will increase the high esteem which I am sure you all have for him. These men were very able, honest and hard working. They are doing everything possible for the best interest of the Association. We met the Chairmen of other important committees, and liked them. The Association is safe in the hands of men of that type.

I am sure we can all be proud of the work done by the American Medical Association, and we should all stand behind it strong, because the inroads upon our profession are of nationwide character. The American Medical Association is now going to have a full time man on the job in Washington during sessions of congress. Committees of the American Medical Association are at the present time studying the nursing question, and the safeguarding of medical expert testimony, in order that our profession may not be discredited in the public eye, as it often has been in the past. I am sure our State Association has had these problems in mind for some time.

There is another important matter for us to think about, and that is the ever-increasing cost of Hospitalization. I appreciate the high standard of our present hospital service, but we must not make this service so ideal and expensive that the average individual cannot avail himself of it without financially embarrassing himself. Remember that ten per cent of the public can pay any price; ten per cent are taken care of by the state or by charity; but it is the other eighty per cent that keeps our hospitals going, and from whom one might say we make our living. There is a limit to what the public can pay for this service and still pay the doctor. If this cost keeps mounting it will be one of the strongest arguments used for State Medicine.

The various standing committees have all worked in unison, and unselfishly devoted their time and paid their own expenses in doing things for the Association. I want to tell you that should the Association hire these gentlemen to work as they have and pay their expenses, I don't believe $100,000 a year would do it. Only those who can be useful on committees, who have the ability to put things across and who will leave their practice and attend meetings promptly can be of service to the Association. I have never appointed a man on any committee unless I felt he could and would deliver the goods. The honor connected with the appointment is ample compensation. The memory of effort expended and a duty well done is the only thing that is really worth while. To no single man is given the power, ability and skill to conduct an Association like this alone and do it well.

The officers from the President down, every committee man and every officer of the local societies, are cogs in the machine of this organization. Only by each one doing unselfishly his full duty and some more, will this association grow in numbers and fulfill the objects for which it was organized.

This whole machinery is only the servant of the individual members, and to them we are responsible. As a rule the servant only portrays the efficiency of the master. Therefore in the final analysis the Association will be as active as its individual members.

I say to you that every officer, committee man and member throughout the state has done everything within his power to help make the State Association of Minnesota one of the best and most active in the United States.

I especially want to mention and give credit to the traveling team, Dr. Braasch, Vice-President, Dr. C. B. Wright, Chairman Medical Program Committee, your toastmaster, Dr. Christison, and your councilor, Dr. Savage, and former President Burnap; I thank them for traveling with me and working for this new program.

Gentlemen, I hope as time goes by that the magic words "State Medical Association" will arouse in all of us a feeling of activity and willingness to come forward whenever our great organization needs us and calls for our assistance. I, therefore, appeal to each of you to let this be your slogan, "What can I do to make this a better and more useful Association?"

Let not this great interest you have all shown in the Association the last year and former years be one of a temporary or spasmodic character, but let it increase year by year as the Association assumes more activities and becomes more beneficial both to yourself and the public. I assure you it will if you will give the men at the head of it in the future the same unselfish and cordial support you have all given me.

THE WOMAN'S AUXILIARY

Address before the Medical Economics Meeting, By Mrs. J. T. Christison, President

When the proposition to organize the Woman's Auxiliary was first presented, I was not interested particularly, feeling that when the doctor's wife was needed, as in the case of a convention or a meeting of any kind, she as usual could be counted on; meanwhile, why the need of time given to meetings during the interim? However, that viewpoint has completely changed. I don't know whether the economic but certainly the political change for women has contributed greatly to alter the opinion as to the need of this organization not only in the minds of the wives of the doctors, but of the doctors themselves. They realize as do we what a power for strength we are.

It is stated in the constitution of the national organization that the objects of the Auxiliary shall be to supplement the work of the American Medical Association, to extend the aims of that organization through the members of the Auxiliary, to help educate public opinion relative to the advancement of health, to aid in securing better medical legislation, to promote fellowship among the members of the Auxiliary, and to do such work as may be assigned from time to time by the American Medical Association.

Think of the power that the wives of 150,000 members of the American Medical Association can wield if properly organized and informed. To bring it to Minnesota, think of the power that we 2,000 wives of Minnesota doctors can exercise here in Minnesota if bound together and instructed as to the wishes and aims of the medical association. For that reason, officers of the Woman's Auxiliary should have frequent conferences with the officials of the various medical societies, representing the county, state and national organizations. Dr. Johnson and Dr. Meyerding have been good enough to come to some of our board meetings this winter. Both made us feel that our help was welcome and needed.

The Woman's Auxiliary of the state can also aid in educating the people in their different communities regarding the program of the Minnesota Public Health Association for the prevention of diseases, and can disseminate that knowledge in their different groups.

Speaking of this marvelous age in which we are living, with its wonderful discoveries and strides in every direction, Mark Sullivan in a recent lecture in California said that in no one line in the last twenty-five years had there been the development and achievement that there had been in medicine. The public should know, without physicians seeming to have to advertise their wares or in any other way say anything that might seem to be or be unethical, that children may be saved from diphtheria, scarlet fever, whooping cough, as surely as from small-pox or typhoid fever. The United States may surely be called the teacher of the world in methods of preventive medicine. The people should know about the public health committee of which Dr. Savage is chairman, whose aim is to put before the citizens of the state just what regular medicine means to them, to explain the difference between the regular profession and the various cults, by means of radio talks, simple articles, or matters pertaining to health, the prevention of various forms of contagious and infectious diseases, the use of vaccines and serums, the use of various foods, sunshine, fresh air and clothing and water, the need for the examination of teeth and a pure milk supply for children.

The people should know that periodic health examinations for the apparently well individual are valuable. Some of the larger insurance companies are now giving their policy-holders this service. In response to a manifest demand on the part of the public for such examinations, it is becoming more and more evident that the regular profession will assume this as part of routine practice. In order to accomplish the desired result, these examinations will have to be thorough and complete in every detail, such as only competent, properly trained medical men are capable of.

It is my vision and hope that this coming year we may see an organization in every county and that in these various county organizations there will be this work accomplished: (1) the placing of a representative of the speakers bureau before each woman's organization in the county; (2) the gathering of information on health campaigns fostered by lay groups, for example, the round-up of the Parent-Teachers Association, school examinations or other activities of the county tuberculosis associations, pre-school child program of the Federated Clubs, mental hygiene activity on the part of the American Association of University Women, and so forth, to arrange conferences of officers of these associations with representatives of the county medical society for the rationalizing of these programs; (3) to interview the county newspapers for proper publication in which to use weekly health department columns over the signature of the local county medical society; (4) to discover just how much place is given to health education in public and parochial school systems, to present recommendations to the school board; (5) to seek out and extend courtesies to the wife of each new physician coming into the county, and to each eligible non-member of the county society (this would be of the greatest assistance to the membership committee of each county society); (6) arrange joint meetings with the county medical society in which there will be discussion of the county's health needs and of the legislative and educational policies of the general state medical society; (7) to encourage every physician's wife to be an active member of at least one organization other than the Auxiliary in order that the influence of the Auxiliary among laymen may be extended as widely as possible; (8) to arrange at least four study programs during the year for the purpose of gaining a thorough familiarity with the foregoing; to do everything possible to promote the feeling of friendliness and tolerance among physicians' wives to the end that the medical profession as a whole may present a united front to the onslaught of the quack and the cultist.

In this way I feel that we may help not only the medical profession but, what is far more important, the public.